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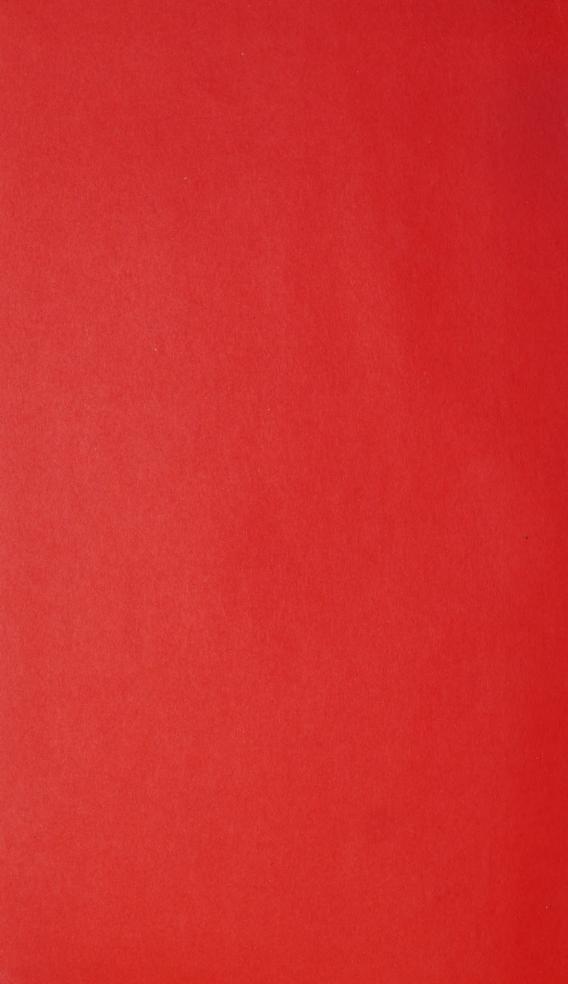




COMMISSION OF INQUIRY INTO THE NON-MEDICAL USE OF DRUGS

COMMISSION D'ENQUETE SUR L'USAGE DES DROGUES A DES FINS NON MEDICALES

> Grant Hall, Queen's University, Kingston, Ontario. March 5, 1970.



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1 COMMISSION OF INQUIRY INTO THE 2 NON-MEDICAL USE OF DRUGS 3 4 COMMISSION D'ENQUETE SUR L'USAGE DES DROGUES 5 A DES FINS NON MEDICALES 6 7 BEFORE: 8 Gerald LeDain Chairman, 9 Ian Campbell Member 10 J.Peter Stein Member James J. Moore 11 Executive Secretary Marie-Andrée Bertrand 12 Member 13 14 15 16 17 SECRETARY TO THE CHAIRMAN 18 Vivian Luscombe 19 20 21 Grant Hall, Queen's University, 22 Kingston, Ontario. March 5, 1970. 23 24 25 26 27



gentlemen, I declare this hearing of the

Commission of Inquiry into the non-medical use

of drugs open.

This is an informal hearing, we have no scheduled submissions. We are returning this afternoon to the City Hall, at two-thirty, to hear formal submissions, but we are here at noon today to listen to you, and to try to learn from

students and faculty,

your impressions of non-medical drug use in

Canada. We are asked to look at effect, extent
and cause and we are trying to put this phenomenum
in perspective and we are trying to think
about what the response of Canadian society should
be to it; more specifically what the federal
government can do alone or with other governments,
and so we are anxious to hear from as many
people as possible, both from their experience
and from what other particular professional
insight they may have.

Now, we are particularly interested in your impressions of the extent and motivation and cause. We are also interested in what you think should be the general attitude towards non-medical drugs and what kind of a position we are to adopt, generally speaking, towards it.

Is it all bad or are there distinctions to be made? If so, what are the distinctions, the relative distinctions? Then we are interested



role for law, if any, in relation to this
phenomenum? What are the limits of law here?
What are the other means of social response?
What is the role and how do we deal with
information and education and what is the
approach to treatment and other supportive
services? These are the things we are
interested in hearing from you, the benefit of
your views. So we would like you to come
forward, there is a microphone here, to assist
us with your understanding.

There is always a little pause on these occasions. This is about the fifteenth or sixteenth University we have been to in Canada. There is a little pause on these occasions where someone walks out and begins.

We are always grateful to that

person, to climb the steps and stand up there

at the end of the board. We give him a lot of

encouragement. I might say we give him a push,

that we are really behind him all the way, or

as the case may be. Who is going to be the

hero in Kingston?

Thank you.

We are going to strike a medal eventually for this kind of person.

THE PUBLIC: Mr. Chairman, my name is Evans. I am a student at Queen's University.

My area of concern is primarily the law, and its



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classifications in the non-medical use of drugs.

Basically my concern is in two areas. The first

being the classification, as you very well know,

the classifications go in four areas; is that not

true? The first being the opiates, cocaine

and its derivatives, marijuana and synthetics of

which there are some 57. Then we go into the

restricted and controlled drugs, LSD, DOM, STP,

a number of such, amphetamines, non-amphetamines,

and so on. What I am concerned with is the

fantastic discrepancy in both the sentences and the

fines, between the more serious classification

of opiates and marijuana and the more sophisticated

chemical or synthetic drugs, the amphetamines.

Now, if we are to discuss the relative effects on the body and so on, and how these are classified by the users, I see there is a fantastic discrepancy between the opiates and marijuana and between marijuana and the methamphetamines or amphetamines.

Now, I just can't see this bizarre classification of marijuana in the same area as the opiates, cocaine and these 57 synthetics.

Now I am sure that it is a common thing and you have heard it numerous times, however, I would like to be counted.

The other is in the area of trafficking, manufacture and so on and the Narcotics Control Act. Now, when a suspect is charged with the possession of a drug for use

(Page 6 follows)



non-medically, if there is such a quantity

that the R.C.M.P. or the law agency has a doubt

whether that quantity of drugs is for more than

personal use, now isn't it the responsibility of

the counsel of that accused to prove that he

has not had it in his mind to traffick? Isn't

it his duty to prove that he was in fact using it

for himself? That I find a breach in common

law, meaning you are innocent until you are

proven guilty. Because you very well know

the differences in both fines and sentences

for a person who is charged with trafficking

and manufacturing drugs, and for simple

possession and use. That is all I have to

say.

THE CHAIRMAN: Yes.

What do you think about trafficking,

present definition of trafficking? Do you

see any valid distinction being made with

respect to that? Have you any opinion on

that?

THE PUBLIC: Yes. It is strange that the definition the Act uses for trafficking, that is, the sale, the transfer or offer to do any number of things. I am not sure---

THE CHAIRMAN: Just plain giving?

THE PUBLIC: Yes, giving, by

offering to one which sort of looks to me like they

are trying to get into someone's head to say,



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 it on?

"Well, you offered to do that". I don't see
that a law agency can say that you offered to do
these things. But, for example, there are a
number of drugs that are legal as far as possession
goes. I am thinking of mescaline, psilocybin,
and the amphetamines are legal per se, to possess
these things and a number of drug experts
would say that we find it is no real problem
in people possessing these drugs, but what they
fail to consider is how are the little fellow,
you know, the little people, the casual users,
get their drugs, their marijuana or their
amphetamines if not for some person passing

I think Dean Campbell would like to ask you a question.

MR. CAMPBELL: What do you feel yourself is the appropriate posture for the law to adopt with respect to these drugs?

marijuana, I think it demands an immediate

classification. I am not sure that it should be
brought down to the Food and Drug Act. I think
it should be brought down further than that.

To me the mushroom of growth in marijuana use
and all cannabis use is certainly an indication
that all of the punitive laws the federal
government can make are not going to stop it,
and what they are going to do is they are just



going to -- all of the convention these day are going to alienate the people that are using them and they are going to create disrespect for the law similar to the prohibition days in the United States. They are just going to lead people to have a general disregard for the law, and the law enforcement agencies.

By example, you can go around a campus today and ask 50%, I am sure, of the students, whether they like or dislike narcotic agents and most of them will snear in your face and say, "We hate the narcotics Agents."

Now I don't know whether that is a good thing -- an immediate classification of cannabis and a serious look at all of the psychedelic drugs.

MR. CAMPBELL: The implication of what you are saying is that cannabis would remain in an illegal status?

THE PUBLIC: No, no, I think it should be legalized immediately, that is what I meant by reclassification. I suppose maybe a first step would be to get it out of the opiates and cocaine and the other synthetics in the Narcotic Control Act, because I see that as ridiculous and just absurd, but simply to legalize it within a transitory rate of time.

MR. CAMPBELL: What about acid?

THE PUBLIC: Acid is, I am sure,





a more difficult problem. I think it has greater changes in a person's body. I don't think I can be qualified to answer any questions on that.

MR. CAMPBELL: Let me go just a little bit further with acid with you. There is a great deal of evidence that the distribution of acid perhaps doesn't involve as much open generosity as is involved with grass and hash.

What about the question of people who do use grass and acid? From what you say I presume you mean that at least there should be prohibition on acid and the distribution of acid?

THE PUBLIC: Right.

MR. CAMPBELL: Do you see the law drawing any distinction between the person who gives a tab of acid to someone else and the person who sells a tab of acid and the person who sells 50 tabs of acid? What sort of a distinction, if you think there should be distinctions, what sort of distinctions?

would require me to make a judgment on the nature of acid in someone's head. For example, if I were to say there was a difference between a person giving away 50 grams of cannabis or one gram,

I would say there is no difference, because I feel sure of the effects of cannabis on a person's





body and mind. I am not sure in this case,
and in LSD. If you are asking for me to
differentiate between what you are terming as
trafficking, that is, whether I give or sell you
one tab, or 50 tabs, it is the same thing,
in the terms of the Narcotic Control Act.
That I find to be difficult to accept, that
is, being under the Narcotics Control Act, which
I accept, but I don't see that as a just version.

MR. CAMPBELL: What is the pattern of use of grass and hash here?

THE PUBLIC: The pattern being ---

MR. CAMPBELL: What extent, the extent and reasons for use, is it a

bad phenomena, is it philosophical ---

THE PUBLIC: As you know,
marijuana has been classified as euphoric.

Oh, there are a number of terms, psychedelia.

What is the term? Psychedelic drug. What it
does is, you have a pleasant high and many
people you ask what it is like say it is like
many people enjoy the depressant qualities of
alcohol. Many people enjoy the qualities of
marijuana and they can draw a comparison between
alcohol and marijuana, and most people who I know
who have used cannabis, they make an association
between alcohol and marijuana, and marijuana

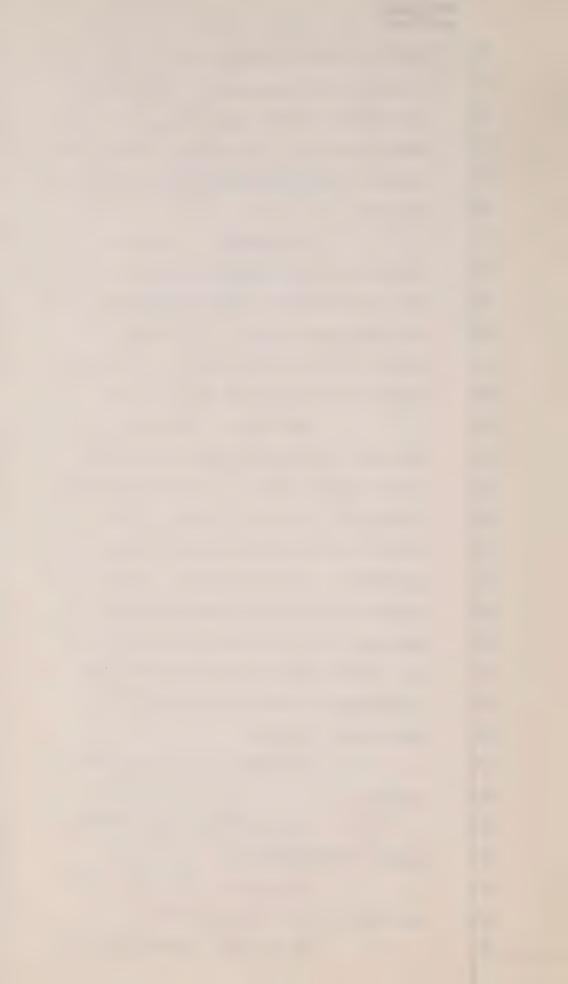
In marijuana use you would have to say marijuana use is changing, the changing of known

comes out best. It comes out one better.



1 marijuana uses, is perhaps one-five hundredths 2 of the real marijuana uses. Marijuana use 3 is growing, I am sure, geometrically, and I am 4 certain over half of the college campuses and 5 certainly a good percentage of the high school 6 campuses. 7 MR. CAMPBELL: Do you see a 8 change to the extent which it is used, let's 9 say, recreational as opposed to seriously, 10 as a searching process? Is it more 11 recreational now than it was, say, a year ago 12 and is it being used more seriously now? 13 THE PUBLIC: I don't think 14 marijuana is the type of drug that one takes 15 as you say, seriously. Some of the effects I 16 am sure, are serious on a person's head. Perhaps he might question certain motivations 17 and values. That is serious. But I don't 18 think one sits down and smokes marijuana 19 seriously, with perhaps the same sort of aura 20 of a business that an executive would like 21 or something, I think it is basically a 22 23 recreational activity. Of course, that is my personal 24 25 opinion. THE CHAIRMAN: The gentleman 26 27 wanted to say something? THE PUBLIC: Do I have to go 28 over there or can I talk from here? 29

THE CHAIRMAN: Perhaps you can



speak from there.

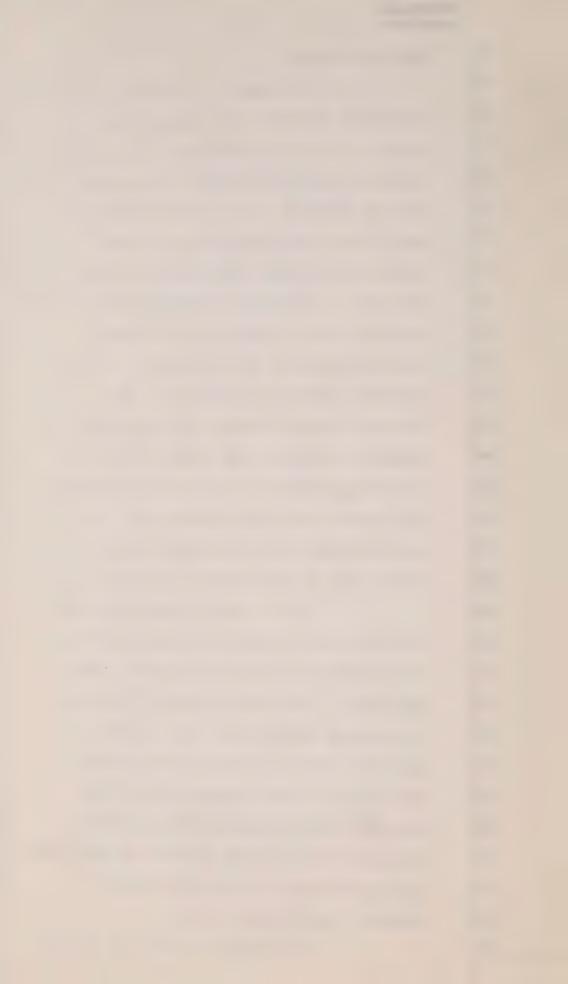
THE PUBLIC: The point I was going to make was that part of the reason for the growth, in, let's say, marijuana use or abuse, is the fact that it is tied in very closely with the growth of a subculture and the fact that it is illegal, that it is an illegal drug, tends to bring that subculture closer together. It serves as a bonding point, something that you can say is in a sense, a characteristic of that subculture. something that they do together and this starts in the high schools and you see, for example, in Kingston, the change in the outward appearance of the high school students, who perhaps look at the college kids who are

using marijuana and other drugs, and say

that is sort of what I would like to be.

All the media, a lot of the media in Canada and the United States are directing their attention to drugs, for example, films, Easy Rider, films that are making it obvious — making an illusion that it is building up the whole subculture that uses marijuana as sort of, in a sense, something that is racy, something that most people don't do, and it is people who have almost wanted to do something that nobody wanted to do before and this subculture has enormous appeal.

And the result is that in the high





schools -- well, in the colleges and
subsequently in the high schools, there has been
the formation of a subculture that uses, for
a start, marijuana. And this is, I think,
very much a part of the attraction of it, that in
high schools, say, the people that are cool,
the people that have long hair and the people
who use drugs and who believe or show the
outward appearances of that particular life
style and that would be the reason I would say,
for part of the growth of it.

Now, if it were legalized, I think that growth would either stay at the same level or depreciate, at least, over a period of time, and then it would resume more or less a natural, its own sort of water level.

Yes, that is about it.

THE CHAIRMAN: Why do you say that, if we legalized, the growth, there would be a change?

THE PUBLIC: Because part of the attraction for marijuana, I think, and a lot of other drugs, is the whole mystery surrounding the subculture and the attractiveness of it.

And if it were legalized, I think to a certain extent it would become -- it would take part of the fun out of it for a lot of people.

THE CHAIRMAN: What is the illegality, the essence of the chief characteristic or factor of the subculture, and other factors with





which that subculture is associated, which would remain regardless of legality?

would remain, but a lot of the outward appearances of that subculture, for example, in styles, in fashion, that are all sort of harkening back to the same concept of the subculture, if it were legalized, a lot of the people who sort of either take it, or you know, look like they take it, and like to feel that they take it, and are led to feel that they are drug users or freaks or whatever, all that attraction would diminish, would be diminished by the fact of its legality.

Now, this is not to say that it would be a very notable change, at least not right away for the people who follow trends as they come along every day. Now this is not to say that I don't, or that certain people don't, but just the same people who follow trends, the trend now is towards the subculture and towards taking marijuana and taking stronger drugs, and this would be in a sense, be stopped, or in essence, alleviated to some extent by the legalization of it.

THE CHAIRMAN: Well, do you mean the taking of marijuana might be alleviated by the legalization, is that what you are saving? What about the taking of other





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drugs in the subculture? If the illegality is an attraction, does your argument possibly lead to the conclusion that marijuana might cease to be interesting and people might turn to other drugs?

THE PUBLIC: I think that might be a possible side effect of it, but I think once the step is made towards taking one of these other drugs, granted say, the cannabis derivatives, which I guess includes bhang and kif and grass and hash and all the other sort of things that are classified under that,

much the use of it and as a result make the people turn to other drugs, as much as it would remove some of the attraction of it.

I mean the example is in the 1920's and the bootlegging. That was sort of, you know, even now, like really I don't know too much about that, but all the stories I have heard about it, are sort of stories of, you know, everything was sort of get a place to hide and they sort of went to these secret clubs.

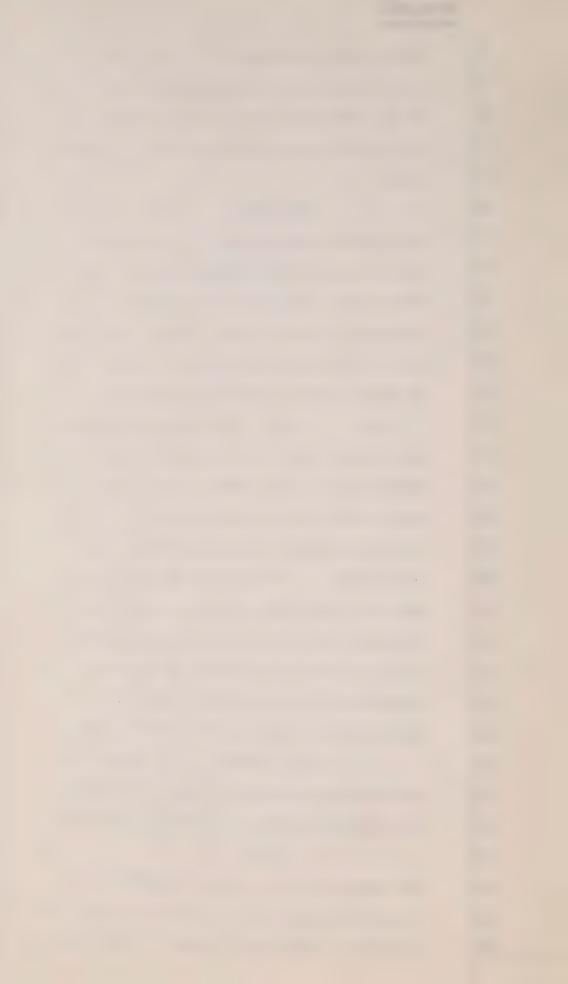
THE CHAIRMAN: If object was to reduce the attraction of it, why should we want to legalize it? I mean, if our object

is to reduce

the attraction of it, you are suggesting that

it should be legalized. In other words, that

it should be made legal in order to discourage its



B.PROUSE use; is that what your argument says? THE PUBLIC: No. I might say that, but I don't mean to say that. THE CHAIRMAN: No. THE PUBLIC: I see what you mean. Well, I am not quite sure what you are trying to say. THE CHAIRMAN: Well, when you say that it is to reduce its use, there is a suggestion that you are making some assertion as to what the object should be with respect to marijuana. What do you feel the social object should be with respect to marijuana?

to legalize it, to make it -- it would have the side effect of reducing some of the glamour of it, it would also have the effect of reducing some of the ridiculous sentences and fines. For example, in the United States, in Utah you can get arrested and there is a life sentence for trafficking in marijuana. And according to that law trafficking is having in your possession seventeen grains of marijuana, which is really not enough to get off on. So you know, that sort of ridiculous law would be eliminated, a lot of the arrests would stop, there would be a lot less feeling of, you know, everybody is a narcotics agent.

A lot of the paranoia would be reduced and some of the attraction of it would be





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reduced, at least temporarily.

THE CHAIRMAN: Yes, there is a lady there.

There is a gentleman who has been waiting apparently some time at the microphone.

THE PUBLIC: Well sir, I would just like to bring up a point about our legal system in Canada. In Canada we have Narcotics Agents who are losing popularity every day. The thing is what I am concerned about in our society and I would more or less like to keep what I have because I feel that we have something that I feel very patriotic towards and if at the present time the laws are not changed in some way or another to reduce the note of anxiety that is being caused in the country I think that the old generation gap is going to get maybe too much for us. The thing is at the present time the youth of Canada or the youth who have knowledge of the non-medical use of drugs are, as this gentleman says, more or less banding together because in this generation they have something that they think they have over the older generation or the people who are in power, just as prohibition, not the youth and the older people, but the people who had the liquor and the people who didn't. The people who had it felt that they had something over -- now, what is happening here is that with the laws as strict as they are,



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1 and with the youth assuming they have 2 something here, the system of control that 3 society employs, the police and all levels 4 begin to appear as predators on the community 5 that is being set up by these people. 6 so in fact what you get is drug users who 7 look on the police as bigger enemies than 8 enemies to Canada and to our Canadian defence 9 security and this is something that ought to 10 be stopped really, because there are bigger 11 and better things for the Government of Canada 12 to worry about than busting people who use 13 drugs. The thing is at the present time 14 with these people assuming that they have 15 something here that is banding them together. 16 At the same time they are being used by 17 people who can supply these drugs, just as the 18 people who wanted liquor during prohibition 19 were used by people like Al Capone.

THE CHAIRMAN: What is it that the young people have on the older people?
Why do you keep saying they have something over them? What is it?

THE PUBLIC: The thing is like there is a certain prestige that they seem to have -that they feel they have, that they can band together as drug users. The people who control the society right now are looked upon as straight arrows.

THE CHAIRMAN: Straight what?



THE PUBLIC: Straights. Straights is good enough.

THE CHAIRMAN: Didn't you say straight arrows?

THE PUBLIC: Straight arrows.

THE CHAIRMAN: Where are they

pointed?

THE PUBLIC: It is not the kind of thing I am trying to get. Let's say, okay, let's look at it from government and general public point of view. The government in these terms is trying to mould a society on their own --- what they consider social norms and so people who esthetically refer to an alcohol high to a marijuana high are accepted in society and the others are rejected.

that actually the time of the police force
which is devoted to enforce those laws against
the drugs could be better used, better employed,
if it were to ensure the defence of this
country. What makes you think that there is
no danger to Canadian society as a whole,
Canadian values, in the use of drugs, in the
widespread use of drugs?

THE PUBLIC: Well then you have to qualify it according to the type of drugs being used, and in this case I should have clarified that. I am only making the case here for natural drugs, marijuana and hash and things





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along that line.

At the present time we have a situation where we can walk into a drug store and buy cough syrup and get what some people would consider a nice high off of and glue sniffing et cetera. That is not what I am concerned with. What I am concerned with is government legalization and control of drugs which do not produce physically, you know, overall harmful effects. And what I think right now is anybody who does accept drugs as they are right now are only hurting themselves in two ways: First of all, it is illegal, which is a big one, but more importantly I think, there is no control on what kind of drugs you can get. Some guy will sell you something and you have no idea what is in it, you have no idea as to purity, you need a researcher to go through it. That is something the government could do for us, such as they do with beer and alcohol right now.

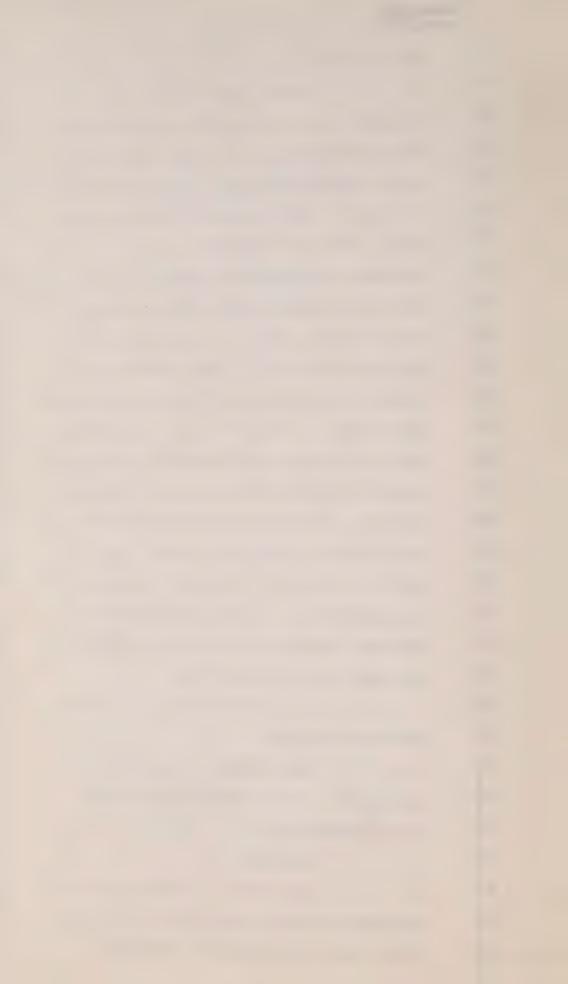
Did I talk around it too much?

Did I get off that?

THE CHAIRMAN: Yes, there is a lady there. I am wondering if you could reach a microphone?

Thank you.

THE PUBLIC: To add to what you are saying about the legalization of marijuana, I think that if marijuana was legalized,



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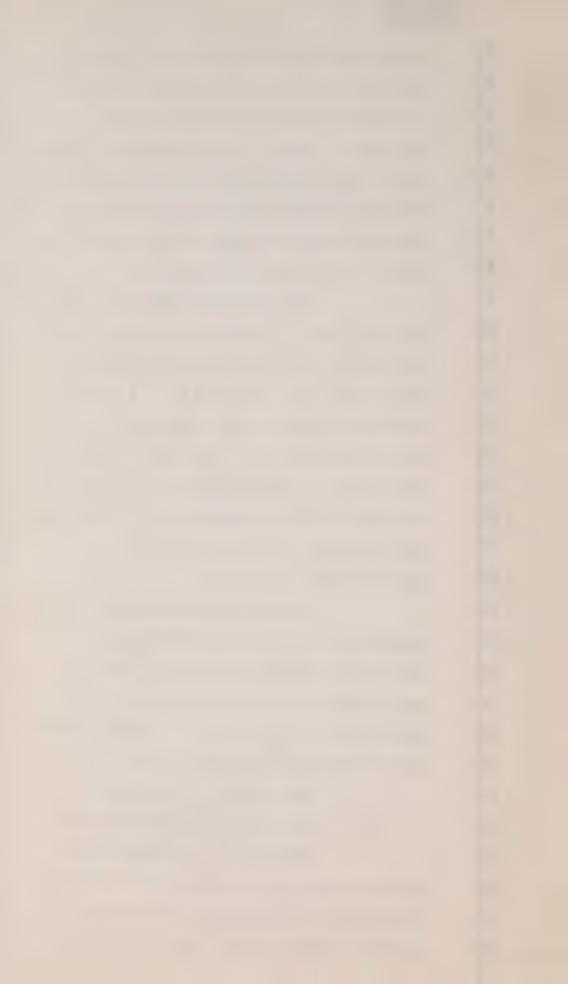
perhaps hopefully the price would go down and then possibly there wouldn't be the attraction to chemicals which are much cheaper than marijuana. Added to that, secondly, I think that the education, sort of the drive towards education of young people as far as drugs are concerned, should be spread to education of older people as far as drugs are concerned.

I was busted for marijuana a month and a half ago. The first question my mother asked me was, "Do they think you are addicted?" Then, a week later, she asked me if I thought she should go back to taking diet pills. As far as I am concerned, I can't educate her. Well, I can't, because she gets on me as a drug user and see any correspondence between the use of diet pills and the use of drugs, in quotation marks, people use.

I taught for two years and in the second year of teaching the staff room was populated by people who used tranquilizers at noon, tranquilizers at recess, tranquilizers before school in the morning. These are older people who should be educated, I think.

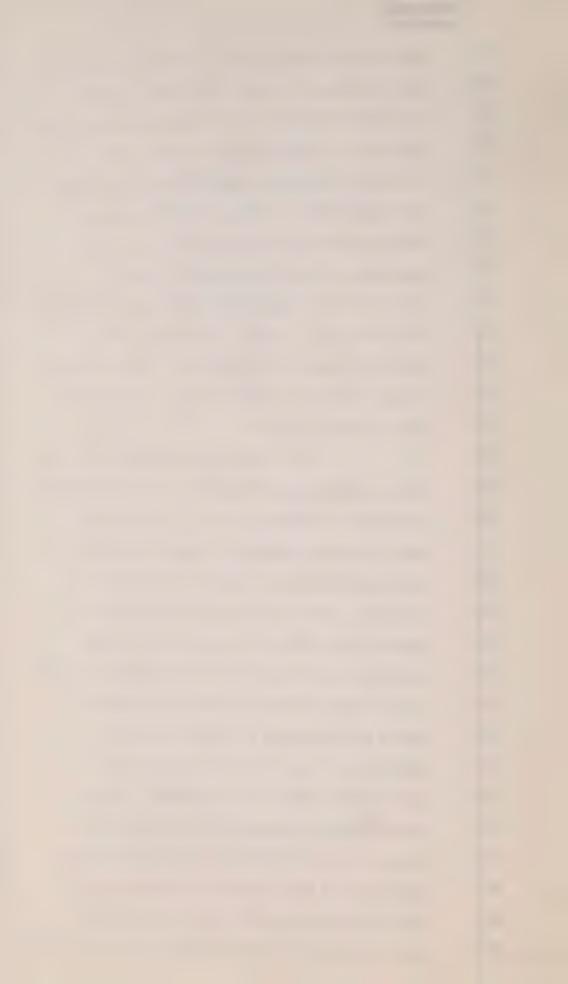
> THE CHAIRMAN: Thank you. Yes, there is a gentleman there.

THE PUBLIC: Just going to the subculture idea and the effect of the legality of marijuana, I think when you get a heavily exploding marijuana usage, then you get people



and it develops a real credibility gap with the whole set of narcotics laws and this is what leads people on to harder drugs, the fact that marijuana is illegal, other things are illegal as a comparison. If you differentiate it more sharply I think there would be less of a progression towards marijuana or acid or other drugs and amphetamines and I think that is one of the real dangers of marijuana being illegal or being classified with the other drugs because you lose a differentiation between the two in people's minds.

The other point is there is a very large credibility gap between youth and government or forces of knowledge on the government side. When government presents a paper or a medical commission presents a paper on the effects of marijuana I don't think you could read it to see what the effects of marijuana, at least read it to see how close the government is coming to the truth and there is very very little belief in this facet for anybody who has tried it, it tends to lead to a lack of belief where there is real evidence, it says. You may say amphetamines can be dangerous. and marijuana is addictive and all of a sudden you have lost both statements because people know one isn't true, the other is true and there should be a differentiation for those reasons.





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That's all.

THE CHAIRMAN: Thank you.

Excuse me. Gentleman at the

microphone?

should be the aim of the law
what should we be trying to arrive at in talking
about these things. When you could get some
taxes about it, but that of course is not our
main interest. Actually someone mentioned the
price of marijuana would drop. I doubt that.
Your interest should be to it that you do not
lose citizens so that we have four classes of
drugs. On the question of the opiates, I think
the law should be made essentially the same
because you do lose citizens. They die.
And an opium addict is twenty-four, but that is
not a necessary thing. They do leave society.

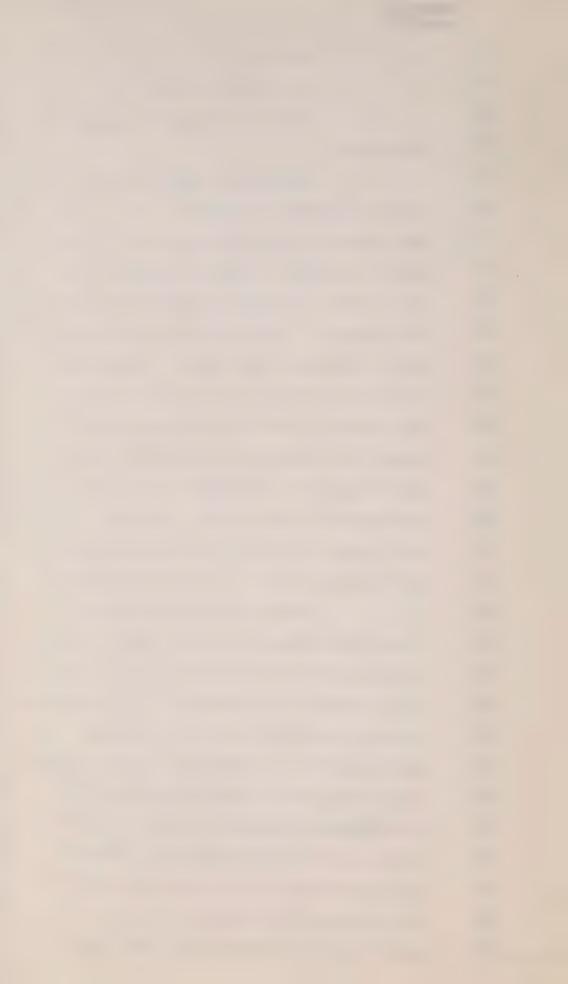
Anyway, LSD is also dangerous.

I have some experience with that drug. I would be willing to give it up -- well, I have, but

I do not think it is necessary. It is dangerous.

I have met people who have tried to do very bad things with it. Marijuana is very different in that there are no people that I know of who go through bad experiences with it. It could be made legal without losing anyone to society or the productivity of the person and therefore

I don't see the continuation of it as a narcotic drug and I think these three things



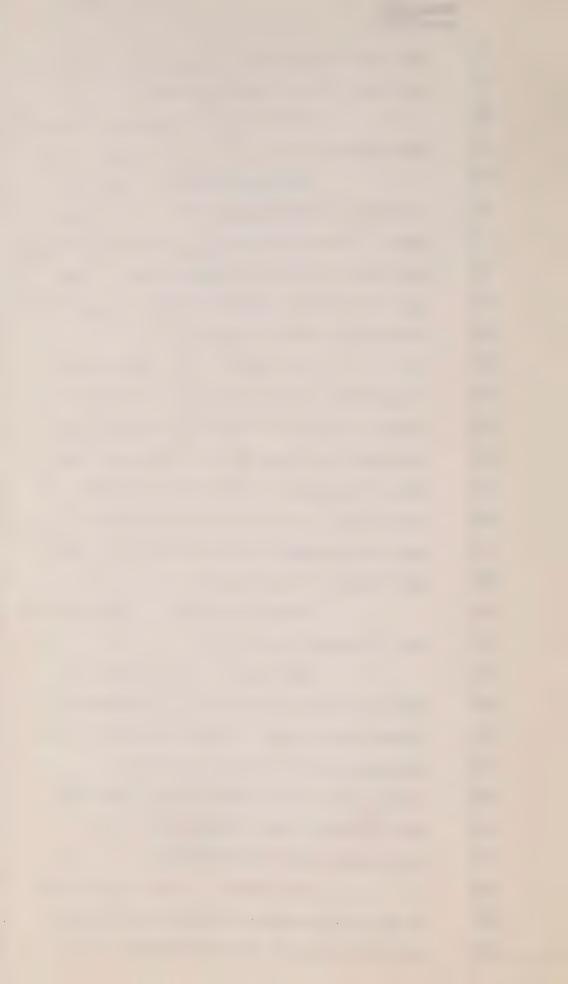


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1 one does lose citizens, one might and one doesn't, 2 and they should be differentiated. 3 THE CHAIRMAN: Excuse me, Professor Bertrand would like to ask you a question. 5 PROFESSOR BERTRAND: When you 6 say with marijuana people do not use the other 7 drugs. Are you speaking of colleagues or friends 8 that you know, whom you have observed? Can 9 you relay this or give us some idea of what 10 evidence you have in this regard? 11 THE PUBLIC: There are people 12 at University, who are what you might call 13 hippy, and because these drugs are easy to get, 14 they have tried marijuana and they want to use 15 it and they happen to know someone who has 16 dropped out, who is an engineering student, 17 who runs the society, he is a servant and there are a number of them that use it. 18 19 PROFESSOR BERTRAND: Would the mere 20 fact of dropping out be ---21 THE PUBLIC: It is possible to function in society while being a psychological 22 addict to marijuana. I should imagine a number 23 of people would feel that way about it. 24 Myself, about once a month, I feel I need some 25 time off that I can't afford in my social 26 27 life occasionally to use marijuana. THE PUBLIC: I would like to speak 28

on this last gentleman's point about the opiates

and I would like to ask the Commission in their





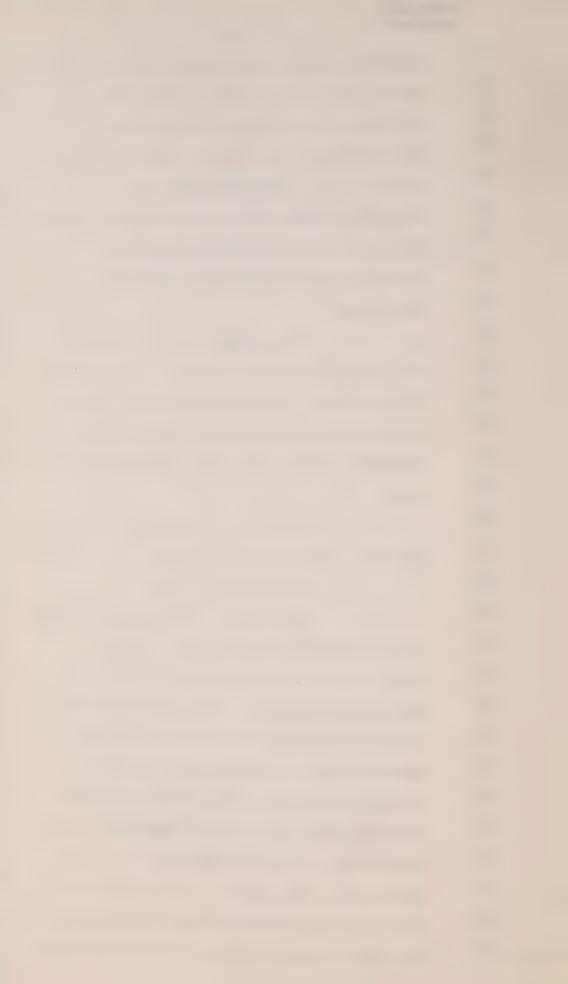
experience whether they feel the effects of the opiates and cocaine drugs, the effects on the individual are a danger to society or the implications of that drug use, those implications being that coca and opiate drugs are extremely expensive and therefore require either large and independent means of support or criminal activities which are the dangers as you see that.

our opinion of it at this moment. We are going to try to come clean with the Canadian people shortly in the sense of disclosing some of our assumptions, but we just can't do it at this point.

THE PUBLIC: Then I wonder if perhaps I could express my opinion?

THE CHAIRMAN: Good.

of our government organizations in saying
that we sincerely believe, and I am trying to
become the government. "We sincerely believe
that you opium addicts are harming yourself,
therefore we will heteroneously decide that
you won't use opiate drugs, therefore you will
be better off and we will be better off." I am
saying that the federal government is saying
opiate drugs are expensive, therefore if you
don't have an independent means of support, you
are going to have to prostitute yourself, you are

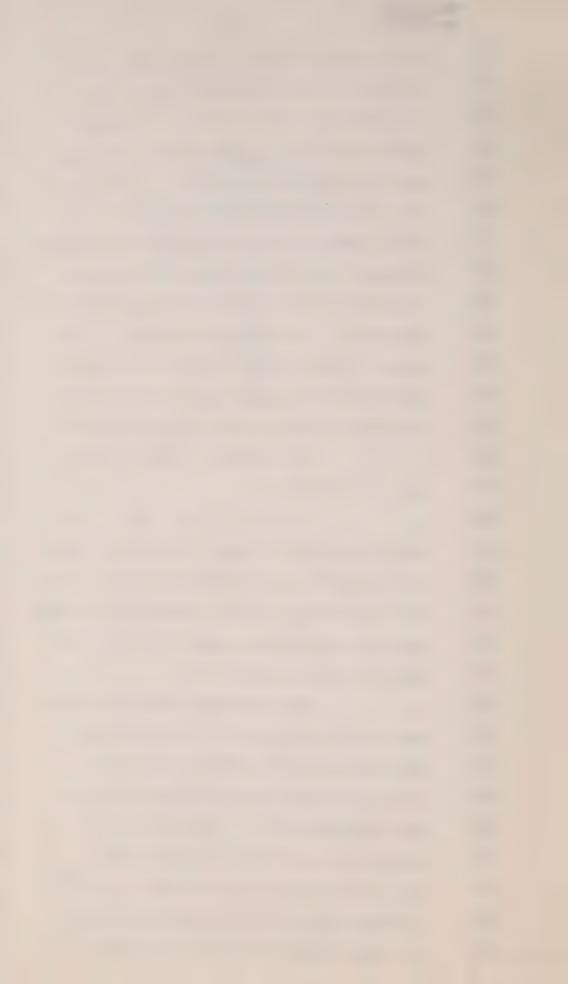


going to have to steal, you are going to have to engage in the trafficking of these drugs to support your habit, which on the average ranges from twenty to seventy-five dollars per day in the studies I have read. I am saying this is what the government is afraid of, this is where the fear of the federal government is coming from, and that the way to alleviate that problem is to not put these drugs in the restricted -- in a restricted category -- but under a similar category as the U.K. system has now, that is, where they are controlled by the medical profession and not by law makers.

THE CHAIRMAN: Yes? Could you get to the microphone?

THE PUBLIC: Yes. Sure. The point I would like to make is just that I think the Commission, you gentlemen and ladies, and to you, the government would be doing a considerable service in publishing a report about the actual effects of these various drugs.

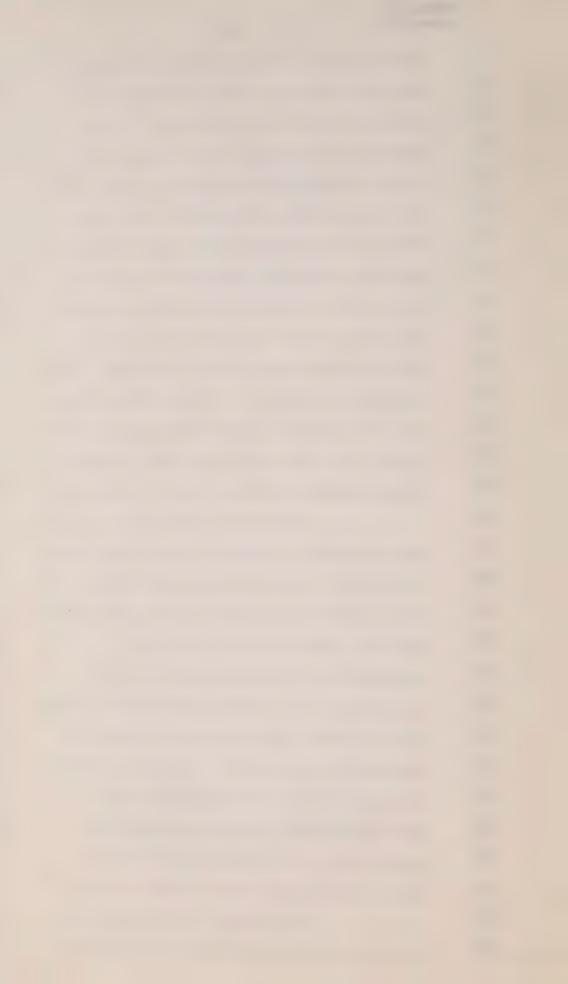
Very few people know first of all, know what the make up of a lot of these drugs are, particularly the chemical drugs, and secondly, very few people know what the actual effects of these are. There are lots of stories about it, which go back to people like Voltaire who have written about the effects of these drugs and particularly mescaline and of the actual effects of these on, for example, an



average person, you can't take into account the
effects of anything, someone who is more than
average psychologically disturbed. The
effects of these drugs on an average person
could be made out in the report sticking strictly
to facts and not pointing at the other bias
that it is bad or good, then a lot of people
who rather contemplate the use of it will go
to an extent what the various effects of these
are, and I think this would be one of the
most valuable things that the Commission or the
government could do. I think the government
has a very definite moral obligation to do this
in the light of all the drug use that is going
on and I believe there is a lot of drug abuse.

One kind of problem is with organized gangs in Toronto who are speed freaks or addicted to speed and who are criminals, who are organized and they go around and beat people up, they take money, they rob apartments and this is the sort of gang organization that you sort of relate to something like the Hell's Angels or Satan's Choice or something, or the Mafia. And these are drug users and I think if the government got some of the method around this, all of the method around it from the effects of these drugs, they would be doing a great service.

THE CHAIRMAN: We are required to report on the medical knowledge as to the



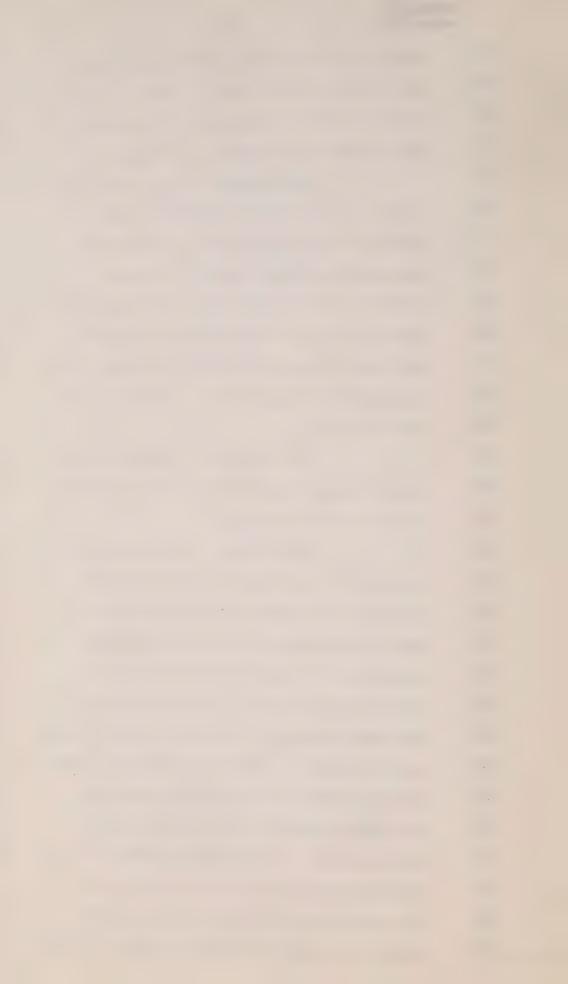


effects and we are going to try to do that
to the best of our ability. And the second
thing, what do you understand by drug abuse?
What is your idea of when it is abuse?

is that point of using a drug to the same extent of using anything, be it alcohol or more everyday things. Anyway, everyday things where it becomes your life is centered around the use of these particular drugs and you overuse them to the extent you suffer from it mentally and physically -- mentally and more physically.

today, is there any of these drugs which cannot be used except with abuse?

reference of this, say, the average person in Canada for example, who I would say is emotionally stable, and I may be completely wrong, but let's say he is emotionally and psychologically stable, I don't think that marijuana results in, let's say, 99 of a hundred cases in abuse. There are cases where there is abuse and there is abuse in the sense that marijuana can lead to other drugs. It is one step more. You conquer the fear of taking marijuana and the next step is the fear of chemicals and the next step of that is, for example, the fear of a needle, of shooting drugs.



1	That would be my opinion of what
2	abuse is.
3	THE CHAIRMAN: I want to understand
4	your idea well. Abuse, if I understood you,
5	is the use that causes harm?
6	THE PUBLIC: Any overuse that
7	causes harm.
8	THE CHAIRMAN: Any use that would
9	cause harm. I don't want to
10	put words in your mouth, but that is what I
11	understood you to say is harm.
12	THE PUBLIC: The inference of the
13	word "use" is overuse, it is abuse. Taking this
14	drug
15	THE CHAIRMAN: Supposing there can't
16	be any use without some harm, would you call
17	that abuse?
18	THE PUBLIC: If there can't be any
19	use without harm?
20	THE CHAIRMAN: Supposing there can't
21	be any use of any drug without some harm, that is
22	a particular drug, then you would call that abuse?
23	THE PUBLIC: I would.
24	THE CHAIRMAN: Yes. Because what
25	I wanted to get at is the harm, as I understand,
26	is your criteria and not necessarily any particular
27	amount of use.
28	THE PUBLIC: I think they are
29	related. Like smoking cigarettes I think is bad.
30	If you smoke one cigarette that is not going to do





much harm, but if you smoke a package of cigarettes it is going to do quite a lot of harm and it has implication and I think it has a close parallel to some of the harder drugs. Like one or two smokes won't hurt you, but constant use can result in harm.

THE PUBLIC: The thing is when you are talking about abuse, I think you are talking about -- I don't know, to me abuse is when someone is taking a drug and they don't really want to, in a sense that they don't, you know, consciously desire to take it for ---

THE CHAIRMAN: Compulsive use.

THE PUBLIC: For recreation.

We were talking earlier about recreation or psychological reasons. That's right, It is compulsive. And to me I would say that, well, to me it is a duty of the government to hide the gun. Again, I am talking about people of the Mafia who are trafficking in heroin and what-have-you, because these things are definitely bad. You know, there is no doubt in my mind about heroin, for instance, that it is bad, it is destructive to the individual, it kills you, slowly, but surely. It kills you, and the way I look at it is the government has got so much time and so many men, right, to fight or to combat the certain problem that face the country and I would say that it is more important to fight organized crime.





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Organized crime is a serious problem. I would say organized crime is/more serious problem for the government to fight than the little drug user on Queen's University campus.

And well, that's just how I feel about it.

THE PUBLIC: I would like to talk about marijuana only. I just want to warn the people here not to pin your hopes on this Commission. I am not questioning the bona fides of the Commission or the Federal Government in setting it up. It is just that even if this Commission just recommends the legalization of marijuana it will never happen unless the Americans put up with it.

Thank you.

MR. CAMPBELL: I would like to question you. What is your reason for assuming this particular level of pro Canadian policy by the Government of the United States?

THE PUBLIC: The commerce between the United States and Canada is so great that in order to -- well, first of all, in order to keep marijuana out of the United States they would have to close the border down and there are too many people in Canada who have too much to lose if they do that. Does that answer your question?

MR. CAMPBELL: Yes.

THE PUBLIC: I have been listening

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and I have read most of everything I could get
my hands on, and I feel that I have something to
say about the problem. I think that all the
things that have been talked about here are
important, but somehow I don't feel that
we are approaching the problem in the right
direction. I think it is important for this
Commission to look into the history behind the
use of the drugs, especially the one that is
mentioned here.

I think it is also important that the differences between organic substances and the synthetic substances are studied and those differences be kept in mind in talking about those particular substances because it is very important.

THE CHAIRMAN: May I just stop

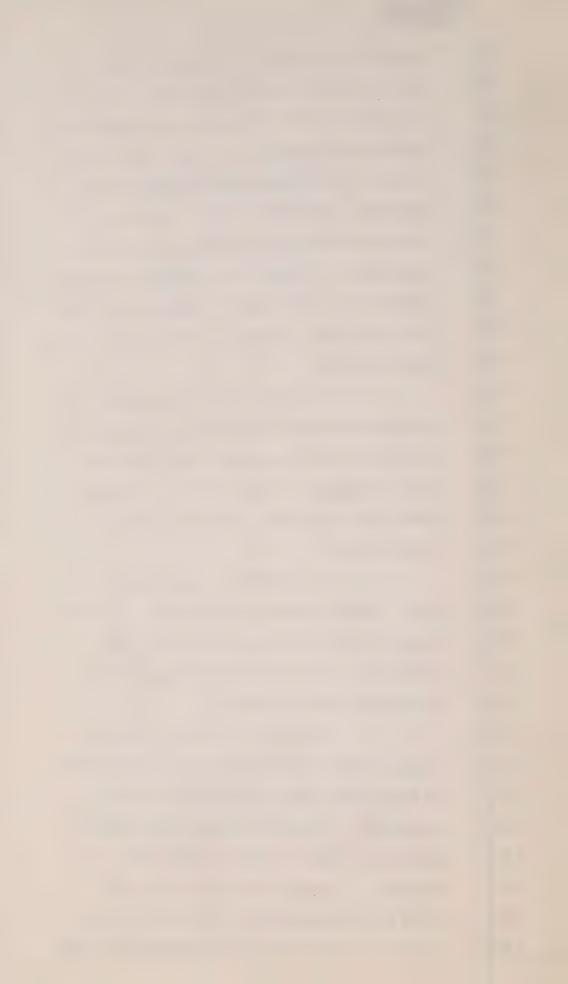
you. Another gentleman spoke about -- used the

words " synthetic chemical drugs". What

importance do you attach to the significance

of organic chemical drugs?

THE PUBLIC: Synthetic chemical drugs are drugs that are made up in a laboratory, or drugs which can be made up with certain elements. In order to give you a proper analysis of that, I guess I would have to be a chemist. Organic drugs to me are drugs which you can grow from a seed, drugs such as grass and the drugs that are acquired from grass,



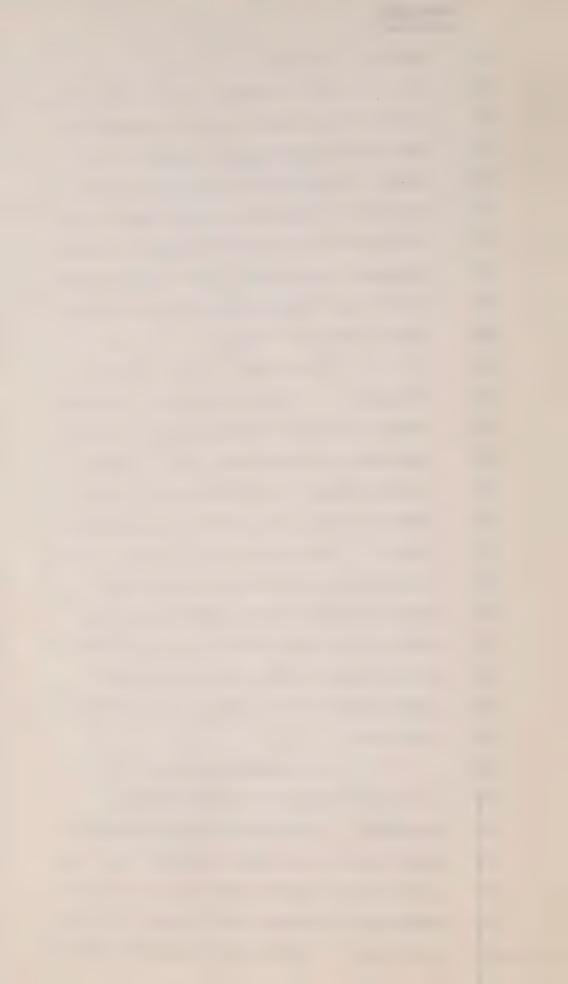


hashish, et cetera.

is that is this truly a result of knowledge or assumptions concerning the difference of the effects of the two, or is there some kind of a feeling that favours the natural organic product as a kind of prejudice in favour of the natural and against the chemical, and is there some kind of a cultural judgment that can be made on the organic versus the chemical?

differences. I think probably one of the main things is the fact, the simple fact that organic substances such as marijuana are, in effect, a mild sedative, a drug which affects many different things in the body, but nevertheless is mild. And proof of that is simply in the fact that a person can be very high on an organic substance and it would be very very difficult for, say, you to tell that in talking to the person by most, you know, you would probably have to have a fair medical examination and blood tests.

The synthetic chemicals are considerably stronger than the effects of marijuana. Judging from the things that most people go by on the street, depending once again on the amount, it would last only for ten hours, whereas good LSD should last eighteen to twenty-four hours. So the main thing that I point out





there is the point is much, much stronger than the other, but the high is considered to be relevant to explain what would be a loss.

At any rate, can I return to the point, since there are a few?

THE CHAIRMAN: Yes.

I think it is important for people to realize that marijuana, the organic drugs, peyote, have been around for many years. I have a book at home which gives --- out of all of the things it gives the best report and analysis, both the social, economic and medical breakdown that I have yet to read. The book was written by a Canadian, it is called the Chemistry of Common Life and I don't know the author at the moment, but it is a very interesting book and proves that there shouldn't be great concern, because it has obviously been around for a long time.

Anyway the history factor that

I want to get around to is the factor that the

last two or three years, the American and Mexican

government, Canadian government have clamped

down on the flow of these organic substances.

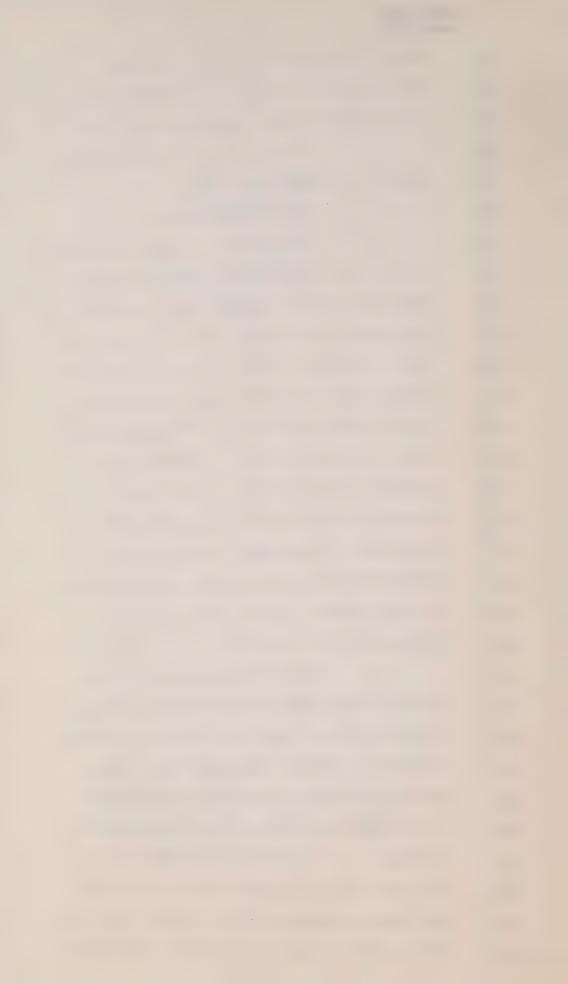
I think that is obvious simply by reading the

newspaper. I think that the effect that that

has had is that the people who would normally

use organic substances such as grass, found that

their pushers were not able to get it and found



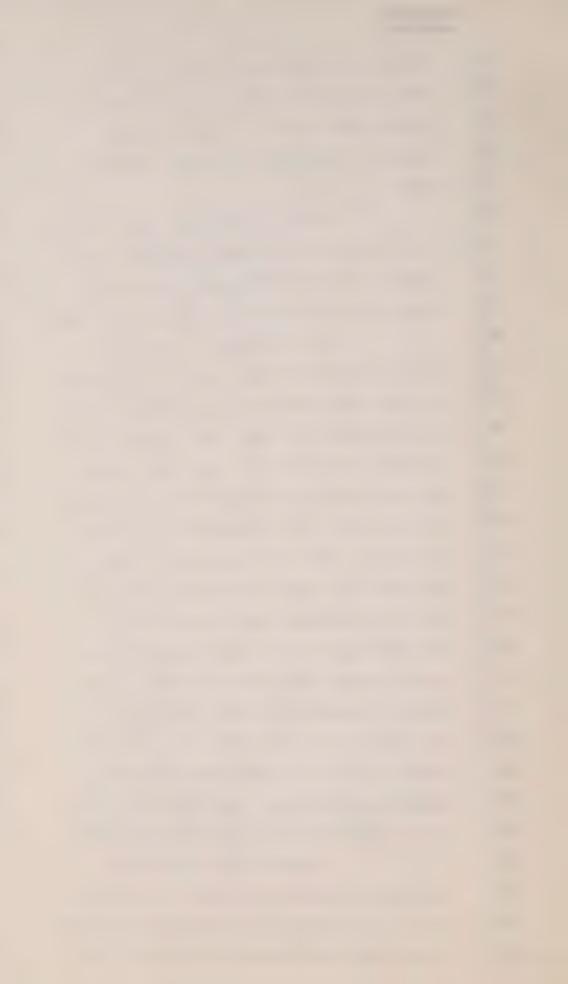


that the only thing available was synthetic drugs and since the pusher had a hard time getting enough to live, the use of these synthetic drugs became his means of making money.

So it is important to see that since the clamp down on the amount of organics have started, the rate or the amounts of synthetic drugs that were being used, started to skyrocket.

The reason why I want to make that statement very very clear, is that because I believe that grass is a mild drug which to all the knowledge that I have had, and all the articles that I have read, does not do anyone any harm and it is the synthetic drugs with all the impurities that are involved in it because they are not made up in conditions -- they are not made up in proper laboratories, they are made up in basements and bathrooms and it is all these impurities in these chemicals which cause physical side effects and also a certain amount of psychological side effects that put people on what is usually considered as a "bummer" and it is to these people that this problem has become open, more open, and it is to these people that the problem has become public.

In reading this thing that you have here (b) you say "To report on the current state of medical knowledge respecting the effect of the drugs and substances referred to in (a)."



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You will probably find that there is lots of medical knowledge around both in quantity reports and people who have done research, but nevertheless none of it has, seems to find out exactly what is in those chemicals and why those chemicals affect the body. I think you would be at a loss to find the function if this Commission should be to put pressure on the -- not only this Committee but everyone in this room, and to put pressure on the government to do some research and to make that research going public to involve you people in that research, to have that research extended to several communities across Canada and to design the research to finding the exact medical effects of the organic and the synthetic drugs and to make sure of the effect in that category.

I have heard many people talk
about the kinds of high they were getting here
and I have heard many people talk about the
reasons why people use drugs. Recreational,
physical, psychological, social -- there are
all sorts of basic reasons and I think it is
important for this Committee to not spend so
much time studying everybody's individual
trip and study instead the basic overall
problem.

THE CHAIRMAN: What is that?

THE PUBLIC: The basic overall



problem is the fact/the more the organic chemicals are stopped from coming from across the border it creates the influx of the use of chemicals which is bad.

I think that there was a point and unfortunately it slipped my mind and I can't remember it, so I will have to leave that point.

MR. CAMPBELL: Let me clarify this first. I understood you to say that increases the use of cannabis, which is bad?

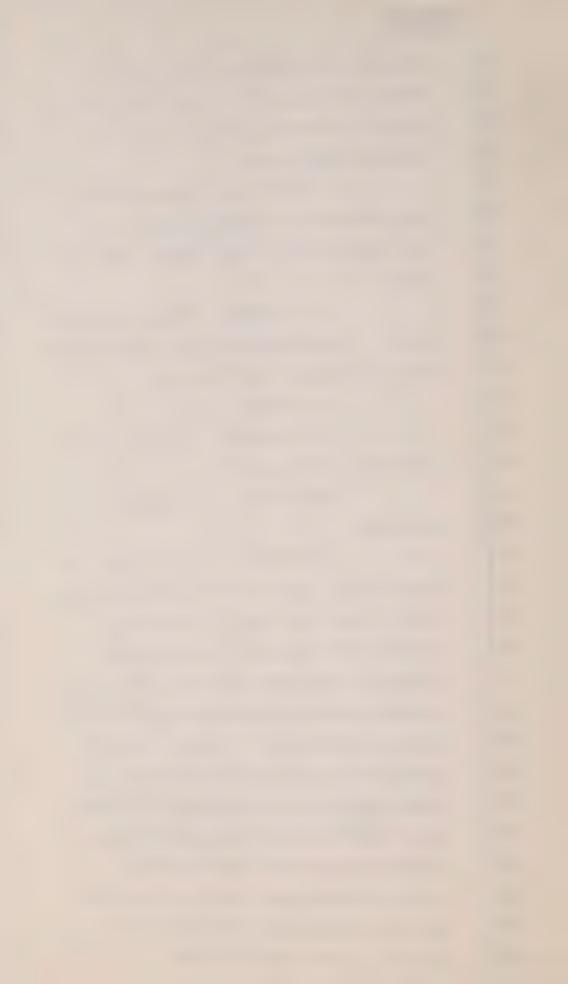
THE PUBLIC: Yes.

MR. CAMPBELL: I think you said your intent was chemicals?

THE PUBLIC: Yes, synthetic substances.

THE PUBLIC: A lot of people feel that it is the addictive factor that is causing a lot of drugs to be used in this society.

I think that it is pretty well proven that marijuana is addictive in the sense that it can be psychologically addictive and not that it is physically addictive. I think it should be made clear that psychological addiction is a thing that this society thrives on, that's why we sell cars and houses and building lots and psychological addiction is not something — it is something that should be dealt on the subject, distinguished between physical addiction and that should be clear.





I am psychologically addicted to my dogs.

It also says here that you want to look into the social factors and the age groups and the problems of communication.

I think that you should probably treat the whole problem as a symptom, not only the drug problem, but the problems of violence, the problems with destructions, throughout the nation and the universities and everything else, and to treat those things as the symptoms of the society and that is a whole other thing that will take a lot more than six people.

THE CHAIRMAN: Why do .y.eu say

it is sick?

because society does not make the country a better
place to live and not making people individually
strong and making it a good thing for everybody
to have all sorts of possessions and not
directing the brains -- not directing the people
to control their own destinies, not trying to
make democracy a more real thing, not trying
to make people understand themselves and understand
the reasons why their reactions are as they are.

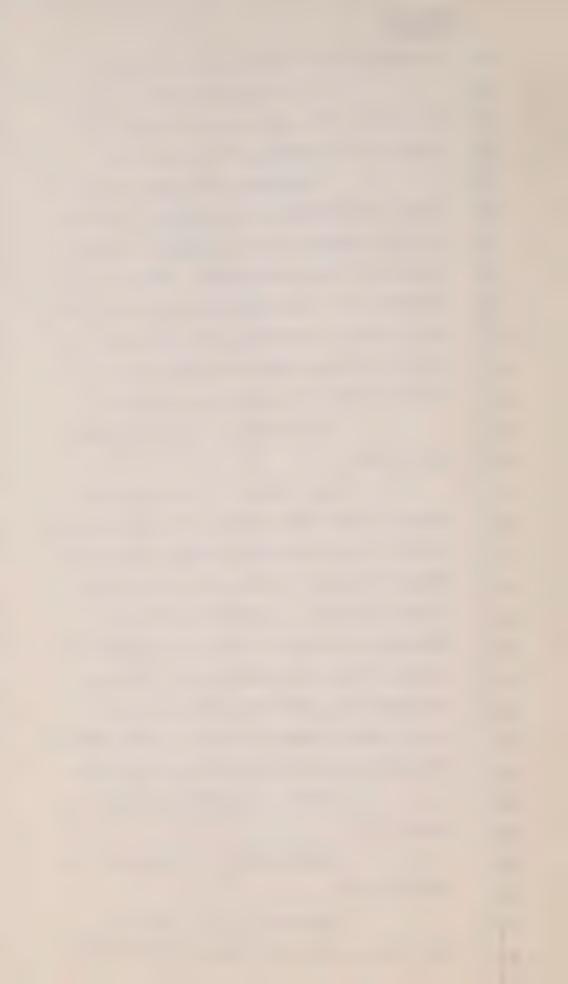
To me it is basically a sick

society.

THE CHAIRMAN: Do you know of any

healthier ones?

THE PUBLIC: No, I don't, but just because there isn't another one that happens



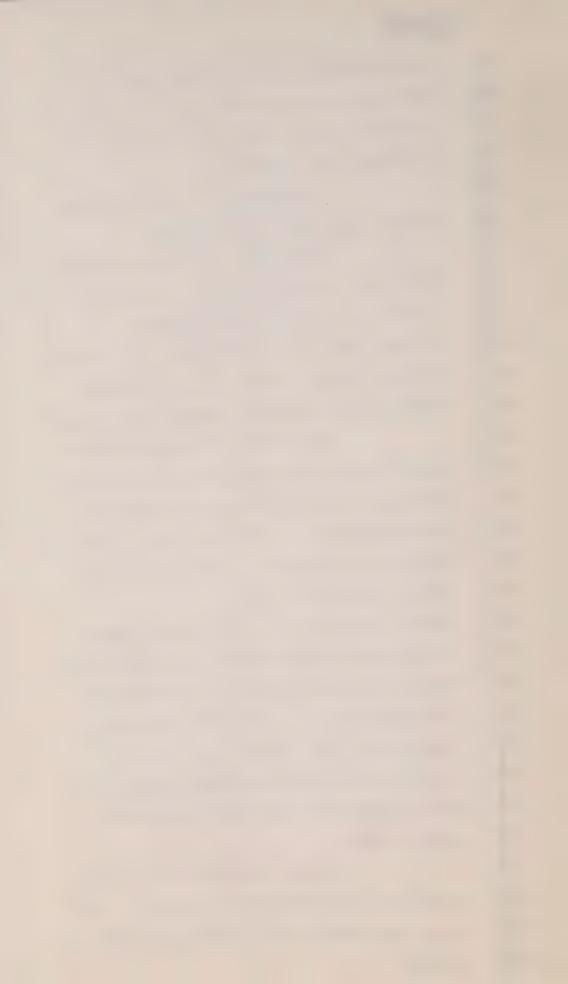
to be healthier doesn't mean that this one should be accepted for what it is . That is not the point I want to make anyway, because that is a point that I can't find.

THE CHAIRMAN: I wanted to find out what your fund of reference was?

THE PUBLIC: My fund of reference is the war in Viet Nam, my fund of reference is the number of people who are killed in violence, and my fund of reference is the amount of people who are living in downtown Kingston where I wouldn't expect to leave my dog overnight.

The sickness is in our government when I see people getting twenty, thirty thousand dollars to do a job which does not require any brains whatsoever. It makes me sick to see people have their taxes — take for instance this rental rebate thing which is the worst thing I have seen in years. The government takes the money from you and says, "Okay, we are going to give it back because we are good people." They turn around and take it back, take a chunk out so they can process this whole mess and once you get it back the cities are still in terrible shape when it comes to taxes.

You know, there is just too many things that are unequal in this country. There is too much discrimination, there is too much sickness.





THE CHAIRMAN: Well, why is there this response then to use drugs? These are social problems you mentioned that have to be attacked.

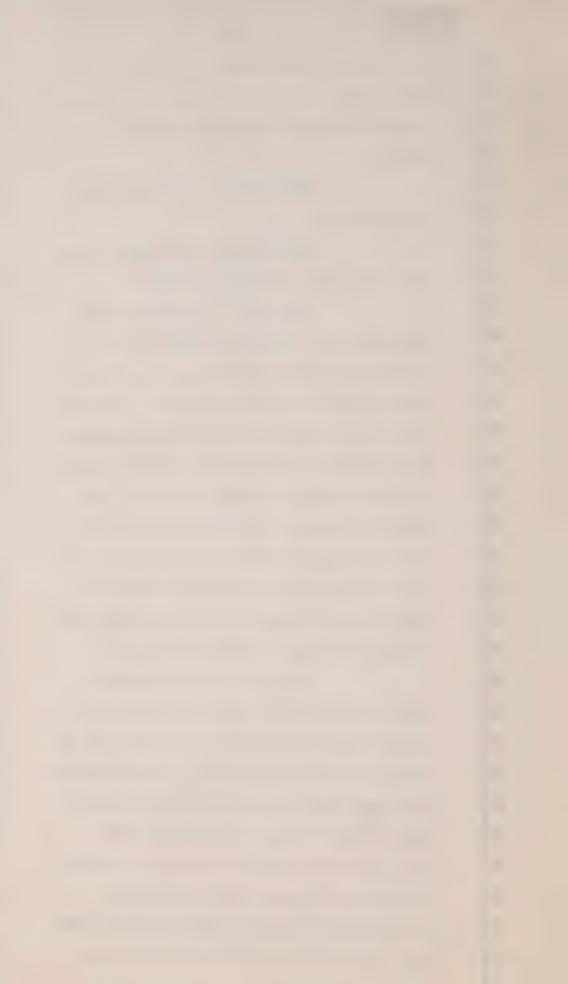
THE PUBLIC: Social, political and economical.

THE CHAIRMAN: How does the drug use, how is that a response to this?

basic person or a person who comes to our educational system, enters into our economic system taking a drug and working at, you know, eight to four, doing things that are supposed to be good things in the society, and becoming an individual people and basing his whole life around his one small unit which is the family unit and not spending more time becoming aware of his senses that he has and not becoming of aware/the people around him, not becoming aware of levels or degrees of communications.

I think that this Commission should recommend in my mind, should recommend centres be set up throughout communities to deal with problems of young people, not only problems with drugs, the problems which relate to young people, legal hassles, birth control, the drugs, what does a person do when he is having a hard time with drugs, who can he go to.

He can't go to a hospital here, they don't know how to treat them, there are no centres here,



The centres in

Toronto where there is some experience, but those
centres, for instance, the Trailer in Toronto,
which one of the main things was to get
drugs analysed off the street and publish those
results, so that people, if they were going to
take drugs they would at least have a chance
of getting something which really wasn't going
to physically screw their bodies up.

off. They are not allowed at this point to analyse drugs and to put the results of those tests out on the street. I think it is important that we realize that the synthetic drugs are the drugs that are causing the problems and that those things have to be attacked immediately.

I think another thing that this

Commission should recommend is an education

project. I hate the word "educate" and I hate

the idea, but I have to use that to talk to

you people about an education project based

and designed on informing the public and young

people as to what are in drugs, what their

effects are, what to do if you are having a

hard time on drugs. Like the point I guess

I am trying to make here is there is nothing

around at the moment that I would recommend anyone

to read about drugs in the form of a pamphlet,

in the form of a small booklet or in the form of



a film. I have yet to see anything that

even comes close to the problem. And once

again I emphasise the fact that research is

going to have to be done and this research is

going to have to be very thorough and very quick.

THE CHAIRMAN: Well, what process can be developed which would assure that the acceptance of the information by you and others who feel this way? Who is to be the judge of whether the information is reliable and considerable for drug education purposes?

Excuse me, I should have asked you to do that long ago.

You know, we have run into this problem all across the country, I call it the problem of implicating information. Now, at some point we have got to try to come to some agreement, that we have found some information that should be accepted, that is reliable enough, necessarily helpful. How are we to develop this process of educating? How are we to close this credibility gap that they call on every time.

Unfortunately,
THE PUBLIC: /I can't say, well,

this is the way to do it, but I

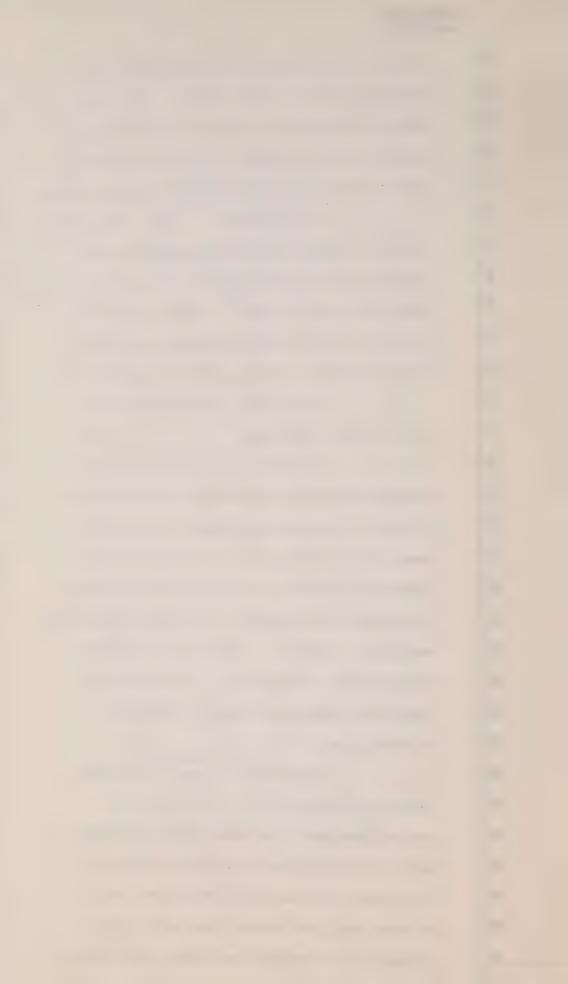
can say that the first steps are the things

that I outlined here, that basic research has

to be done, that an education project has to

be done, and that centres have to be set up

throughout the communities to deal with the drug





problem and other problems which confront

young people today. I think that if we look

at, you know, the things around us and we look

at how many of them are directed towards youth,

and that includes things like the voting age

which is ridiculous, it should be eighteen,

the amount or organizations that deal with

young people that are comprised of older

people who feel that they are capable or bridging

the communications gap, which they themselves

have to have that.

I think it is important that in all these processes, and in this community particularly, recommend that these things that are done involve a group of young people not only to help give anything that is done credibility, but to also allow for ideas that may come from young people.

Like I think -- now this is simplified that all you people on this Committee are, you know, adults as such, and I think that has a drastic effect on the amount of people that are standing up and talking.

THE CHAIRMAN: Thank you.

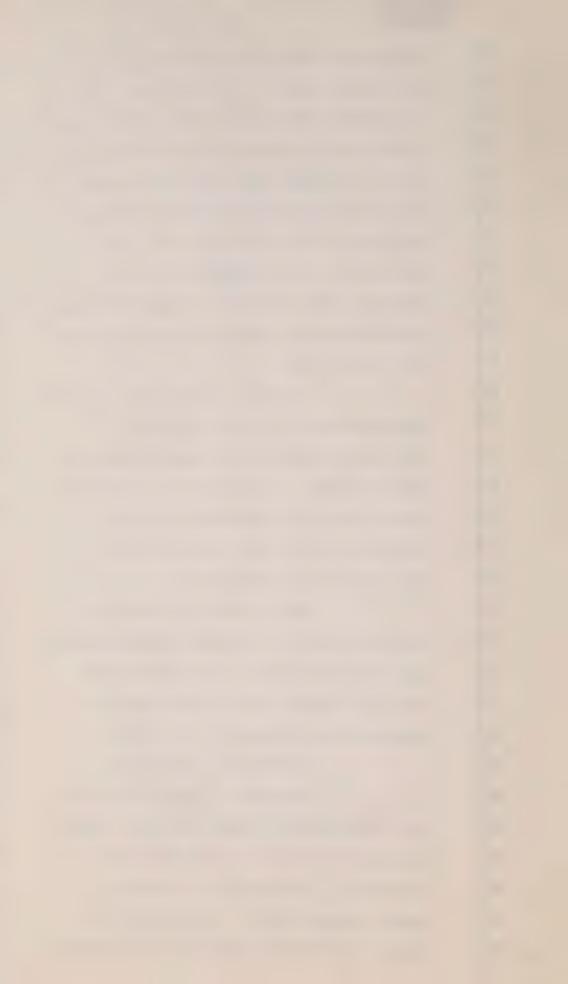
THE PUBLIC: There is one other

point I would like to make, and I think before

you were talking about the psychological

attraction. Correct me if I am wrong --
natural organic drugs. I would say that

perhaps a good way to start the legalization





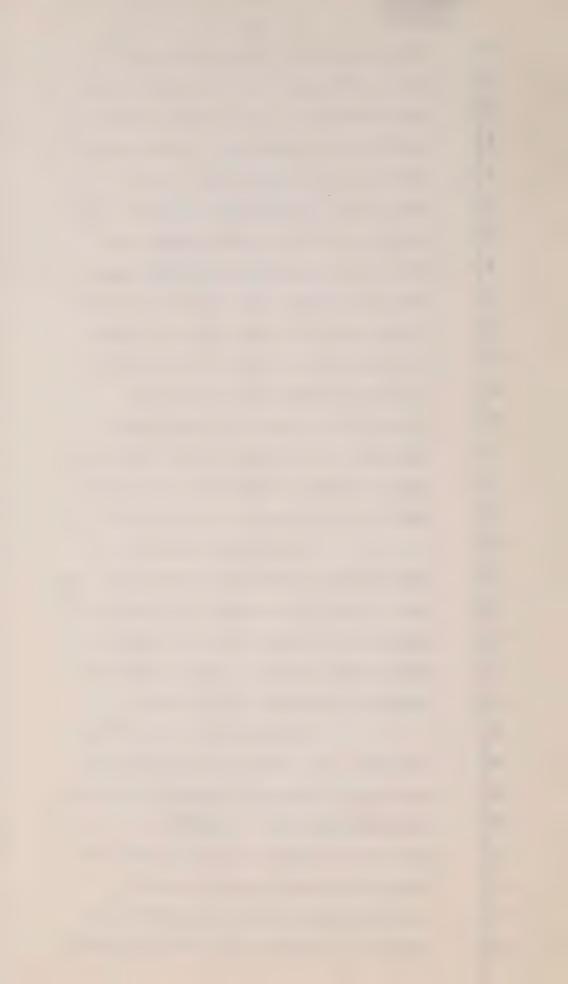
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of drugs would be to make organic drugs legal. That would be, I would say, fairly difficult, because a lot of organic drugs are being cut with other kinds of drugs that are chemical drugs, but as far as I know -for example, take the Navajo Indians. Like I spent a year with the Navajo Indians and their whole society has been taking organic drugs such as mescaline, peyote for thousands of years and as far as I could see from my own observations there has been no effects on either the course of their culture or their relationships with other people. They use it as a celebration and it is a drug that is used for a celebration, the same as when you go to a party, you have a drink.

I think maybe instead of differentiating between marijuana and the other drugs in terms of legalization, it would be easier to, say, legalize the organic drugs which include mescaline, organic mescaline and peyote and hashish and marijuana.

The second thing is in terms of discussion -- I think we are convinced now that either it should be legalized or if some other group would say (inaudible) and I don't think we are going to make some changes about this in talking about it.

You say you can't express any opinions as a Committee or as individuals until you release



your report. Let's say I were to ask you
what you think we should do in the way of
setting the law processes, the process of the
law into motion in either legalizing or
against it. Say we were going to do that,
how do you suggest or do you have any ideas
how we would go about starting this process
and what kind of laws we could set up and what
kind of reaction?

THE CHAIRMAN: Well, we can't

give you any such advice of course. I guess you knew that ---

THE PUBLIC: Yes.

asked the question. So we have got our task prepared, but of course we are just one aspect of the whole scene. You are well aware of that. If the process goes on, it is going to be a continuing process. I think it is important to make that point.

So that I think we must adjourn now and return to City Hall. We are scheduled to be there at two-thirty and I want to thank you all for your reception of us here. You have been very helpful to us.

Thank you.

--- Upon adjourning at 2:25 p.m.







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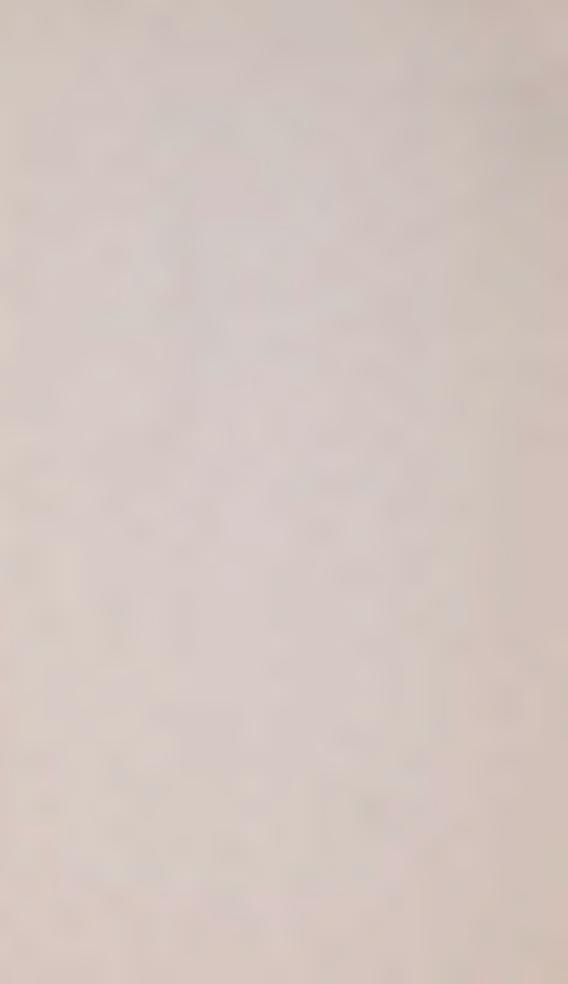
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B.PROUSE REPORTING SERVICES

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1 | COMMISSION OF INQUIRY INTO THE 2 MON-MEDICAL USE OF DRUGS 3 COMMISSION D'ENQUETE SUR L'USAGE DES DROGUES 4 A DES FINS NON MEDICALES 5 6 BEFORE: 7 Gerald LeDain, Chairman, 8 Ian Campbell, Member, 9 Marie-Andree Bertrand, Member, 10 James J. Moore, Executive Secretary, 11 J. Peter Stein, Member. 12 13 14 15 SECRETARY TO THE CHAIRMAN: 16 Vivian Luscombe. 17 18 19 20 21 22 23 March 5, 1970 City Hall 24 KINGSTON, Ontario 25 26 27 28 29





--- Upon commencing at 9:35 A.M.

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THE CHAIRMAN: Ladies and gentlemen,

I call this hearing of the Commission of Inquiry into the Non-Medical Use of Drugs to order.

I should like to introduce the members of the Commission and our staff who are here today.

On my far right, Dean Ian Campbell of Montreal; on my immediate right, Mr. James Moore, Executive Secretary of the Commission; I am Gerald LeDain; on my left, Professor Marie-Andree Bertrand of Montreal; and on Miss Bertrand's left, Mr. J. Peter Stein of Vancouver.

I regret that Dr. Heinz Lehmann, another member of the Commission, is unable to be here today.

I should like to open this

hearing, by reading a statement concerning the

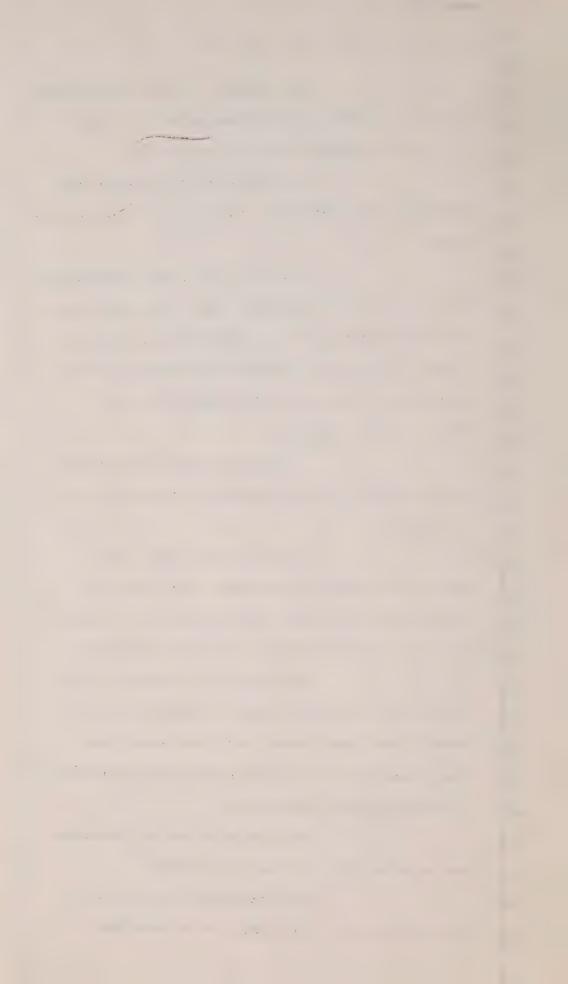
background of the Commission's appointment, to give

you some idea of the way it interprets its task.

The Commission of Inquiry into
the Non-Medical Use of Drugs was appointed by the
federal government on May 29 th last year, upon
the recommendation of the Hon. John Munro, Minister
of National Health and Welfare.

The Commission has an independent status under Part 1 of the Inquiries Act.

The concern which gave rise to the appointment of the Commission is described in



B.PROUSE
REPORTING SERVICES

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Order in Council P.C. 1969-1112, which authorized the appointment in the following words:

"...there is growing concern in Canada about the non-medical use of certain drugs and substances, particularly those having sedative, stimulant, tranquilizing or hallucinogenic properties, and the effect of such use on the individual and the social implications thereof:

... within recent years, there has developed also the practice of inhaling of the fumes of certain solvents having an hallucinogenic effect, and resulting in serious physical damage and a number of deaths, such solvents being found in certain household substances. Despite warnings and considerable publicity, this practice has developed among young people and can be said to be related to the use of drugs for other than medical purposes; ... certain of these drugs and substances, including lysergic acid diethylamide, LSD, methamphetamines, commonly referred to as "speed" and certain others, have been made the subject of controlling or prohibiting legislation under the Food and Drugs Act, and cannabis, marijuana, has been a substance, the possession of or trafficking in which has been prohibited under the Narcotic Control Act:





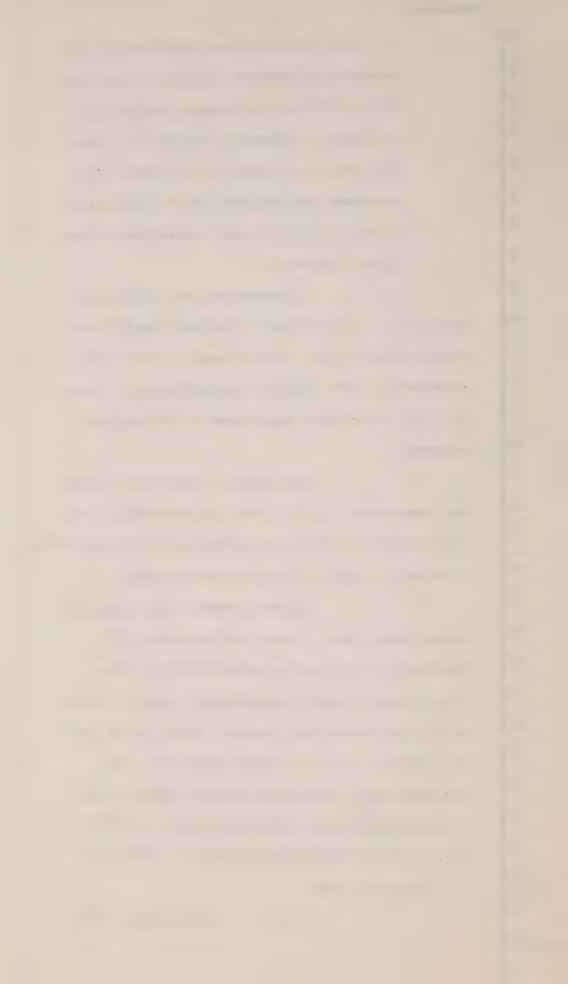
...notwithstanding these measures and the competent enforcement thereof by the R.C.M. Police and other enforcement bodies, the incidents of possession and use of these substances for non-medical purposes, has increased and the need for an investigation as to the cause of such increasing use has become imperative."

In announcing the Commission's appointment, the Minister of National Health and Welfare spoke of the "grave concern" felt by the government at the expanding proportions of the use of drugs and related substances for non-medical purposes."

The terms of reference defining the Commission's inquiry into the non-medical use of psychotropic drugs and substances mention sedatives, stimulants, tranquilizers and hallucinogens.

understands "drug" to mean any substance which chemically alters structure or function in the living organism, and "psychotropic" drugs as those which alter sensation, feeling, consciousness and psychological or behavioural functions. The Commission has tentatively defined "medical use" in terms of generally accepted medical practice — under medical supervision or not. All other use is "non-medical use".

By itself, a prescription does



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not distinguish medical from non-medical use. A non-prescription drug like aspirin may be taken for medical use. Or a prescription drug may be taken for generally accepted medical reasons, then no longer required.

The Commission is invited by its terms of reference to "marshal...the present fund of knowledge concerning the non-medical use of sedative, stimulant, tranquilizing, hallucinogenic and other psychotropic drugs or substances."

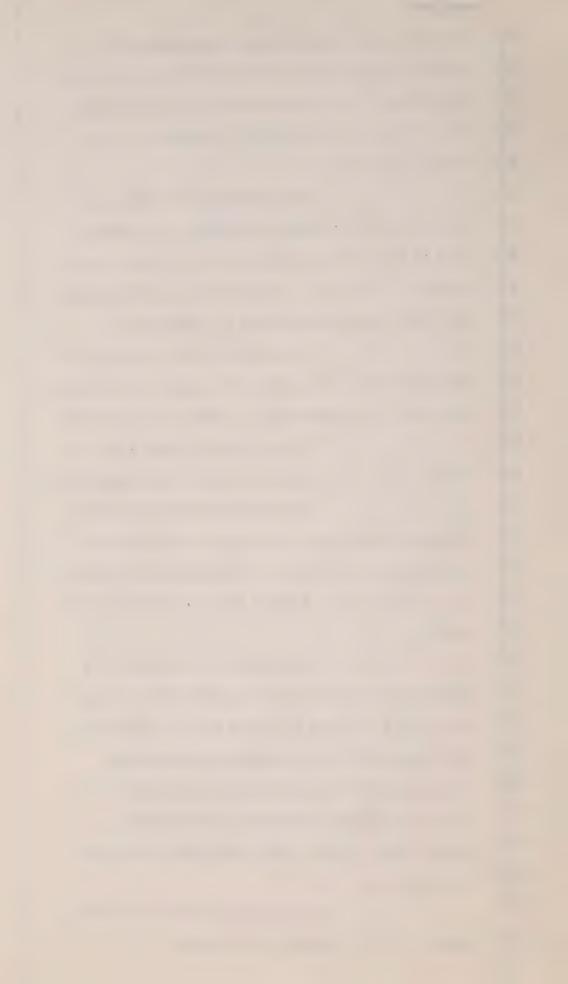
But since an interim report is expected early this year, and a final report within two years, the Commission will have to be selective.

It must consider what appear to be the principal issues which led to its appointment.

The Commission has the initial impression that its primary focus must be on the non-medical use of drugs by the young and by adults as it relates to or affects the use of drugs by youth.

The Commission has drawn up a preliminary classification of psychoactive drugs, which falls into the following eight categories: hypnotics-sedatives, stimulants; psychedelichallucinogenics; opiates-narcotics; volatile solvents and gases; analgesics (non-narcotic painkillers); clinical anti-depressants; and major tranquilizers.

The Commission sees its primary emphasis on the following categories:





1. The psychedelic-hallucinogenic, which includes cannabis (marijuana and hashish), LSD and mescaline and the other "restricted drugs" placed under the new schedule J of the Food and Drugs Act:

DMT, STP (DOM) and DET;

- 2. The stimulants, including such amphetamines as benzadrine and methadrine -generally referred to as "speed";
- 3. The volatile solvents and gases -- often referred to as "delirients", such las glue, nailpolish remover, and paint thinner;
- 4. The sedative-hypnotics, such as the barbiturates (used as sleeping pills), the minor tranquilizers, and ethyl alcohol;
- 5. The opiate-narcotics, such as heroin.

Alcohol and nicotine are clearly mood-modifying drugs used for non-medical reasons and therefore within the terms of reference. However, the Commission could not possibly perform its task if it were required to consider the extensive research carried out on these substances. A realistic view compels the Commission to regard the non-medical use of alcohol and nicotine in their relation to the non-medical use of other psychotropic drugs.

This is also the Commission's position, at least initially, on the non-medical use of the opiate-narcotic such as heroin.

These so-called "hard drugs" are not excluded from the terms of reference, because they



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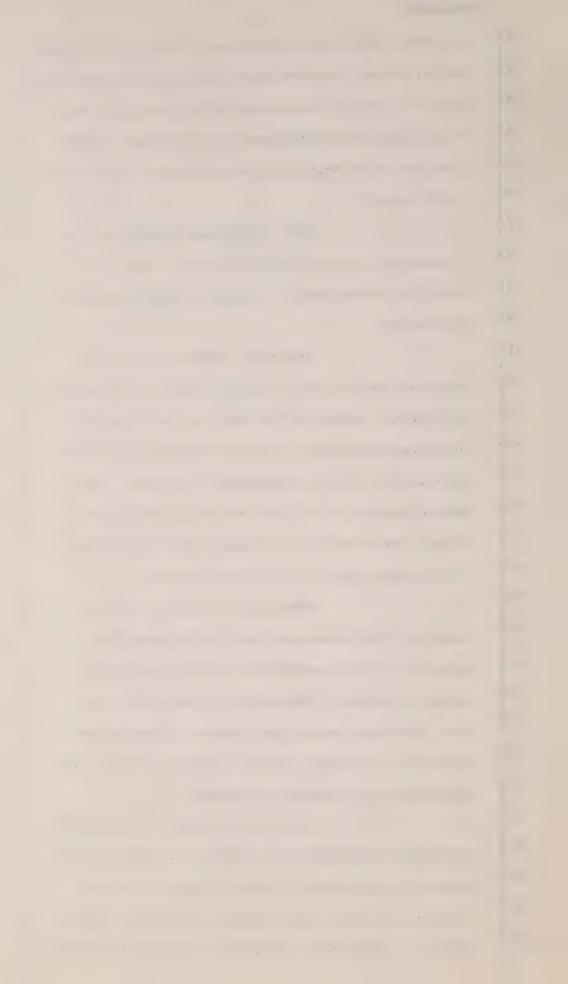
do have psychotropic properties. But as with alcohol and nicotine, the Commission cannot hope to do justice to the extensive literature on this subject. The "hard drugs" are therefore to be examined in their possible relationship to the non-medical use of the "soft drugs."

Two contentions brought to the Commission's attention may illustrate what is meant by "relationship" to the non-medical use of soft drugs.

The first contention is that extensive social use of alcohol not only creates a permissive climate of drug use, but also reflects a provocative injustice and even hypocrisy in our legislative and law enforcement attitudes. The second contention is that the use of certain soft drugs like cannabis (marijuana) leads very often, if not generally, to hard drug addiction.

What are the issues in this inquiry? The Commission must investigate the extent of the non-medical use of mood-modifying drugs in Canada. That means the pattern of drug use; the drugs and various groups or populations involved, according to age, occupation, etc., the movement from one drug to another.

The Commission must investigate physical and psychological effects of these drugs, effects on behaviour of the individual concerned, effects on others, and effects on society. Finally, and by no means least important, the Commission must





investigate the reasons for the non-medical use of drugs -- not only the personal reasons or motivation, but the social, educational, economic, philosophic and other reasons. In other words, what is the meaning or larger significance of this phenomenon?

What is the true nature of the challenge it presents to our civilization?

We have accepted a very difficult task and we need your help. It is imperative that we have the views of as many Canadians as possible. This is not solely a technical question for experts; it is a broad social issue, going to the very nature of human existence in our time. It is a question to which everyone can contribute a measure of insight and wisdom.

So I should like to say just a few words about the nature of our hearing, and the way we proceed. We are, as I have said, interested to hear the views of as many Canadians as possible, and for that purpose we have an informal atmosphere in our hearings so that people who attend feel free to speak with each other.

We have a number of scheduled submissions; we hear a brief; we ask the people making those submissions if they would be good enough to be seated at the table here with the microphones, and then there would be an opportunity for questions and comments, from members of the Commission, and also from others who are present today.

There are microphones placed here





for that purpose, and everyone should feel free to come to the microphones with their views.

Now in these public hearings, we do not seek the details of personal experience. We do not wish that anyone should identify themselves; neither identify yourself or your experience. We are interested in understanding this, and getting a sound, general impression of this phenomenon. We do, however, hear witnesses privately, if they desire that, and we are empowered to withhold their identity, to take evidence anonymously, and we also receive a lot of submissions, anonymous submissions through the mail.

I will call then upon Dr. Robert
Briggs, Assistant Professor in the Department of
Psychiatry at Queen's University. If Dr. Briggs
would be good enough to be seated at that table?

Dr. Briggs.

DR. BRIGGS: Mr. Chairman,

Commissioners, it is my intent to present an oral,

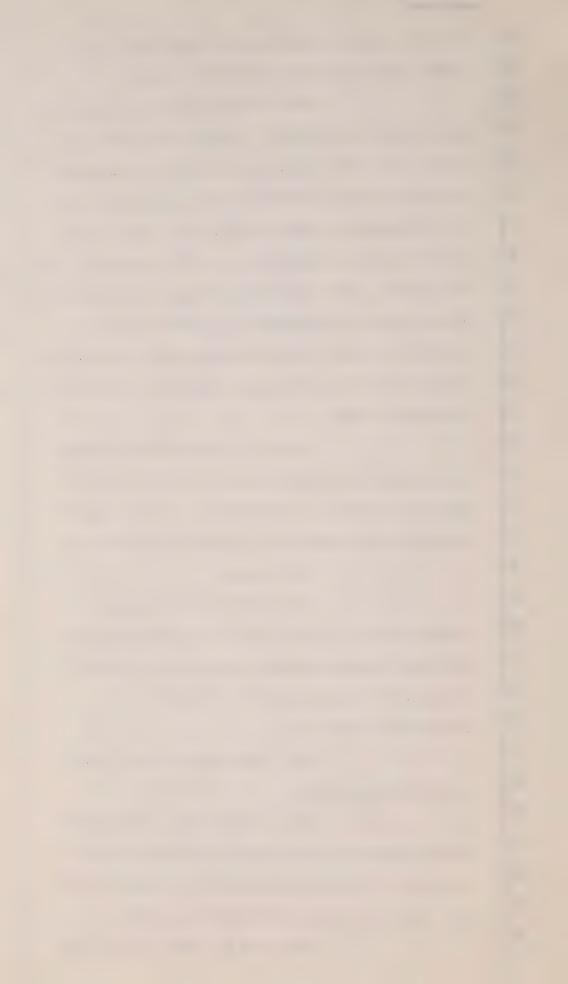
and very informal submission about the drug prob
lem as I have experienced it, and seen in my

professional capacity.

And I work primarily with **y**outh in the Kingston area.

May I start with a few sweeping generalizations and assumptions from my point of view, and I believe that many of the opinions that have been given are based primarily on fact.

Chemicals are here to stay, and





they are a reality of life and I believe that we have to face the situation, and much of what I have seen going on in the Kingston area has been the attempt to deny this fact, and to take steps to remove chemicals from the scene of various kinds.

If you want to accept the chemicals, then we can proceed to do something about controlling how they are used and the way they are used, and to look into how to limit abuse of chemicals.

This is the position that I start from.

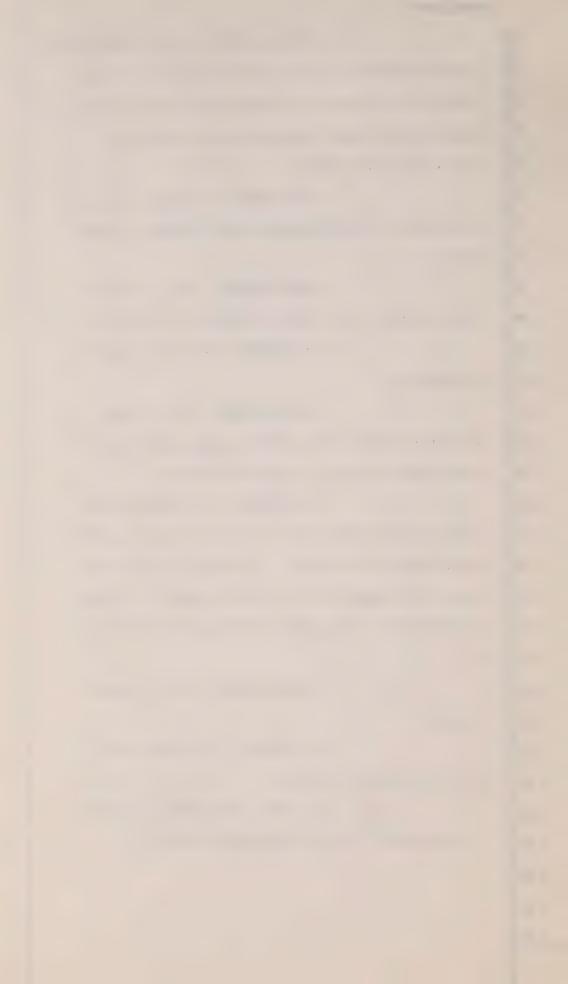
I am concerned in dealing with youth, that when they are in trouble, particularly with chemicals, that they feel unable to approach resource people, professionals in hospitals and get help that they require, and what they need.

There seem to be many youths that have this difficulty.

It is not just specifically with drugs, and the abuse of chemicals, it is where legal and moral implications are involved. We did an informal survey of professional services last summer, and found that general practitioners, hospital clinics and professionals saw almost no bad trips, of people who were freaking despite the fact that there was a drug problem in this city in the summer, which was very evident.



1 | THE CHAIRMAN: I don't understand 2 the implications of that statement, Doctor. You 3 say that the survey of professional people indicated 4 that they had seen no bad trips, or claimed to 5 have seen no bad trips. 6 DR. BRIGGS: They claim to have 7 such youths who were having difficulties with bad 8 drugs. 9 THE CHAIRMAN: Well, what do 10 you know about the actual existence of bad trips? DR. BRIGGS: What do I know 11 12 personally? 13 THE CHAIRMAN: No. Do many of them have bad trips when you approached these 14 professional people in these facilities? 15 DR. BRIGGS: According to the 16 information we were able to obtain from the professor 17 there were no bad trips. I believe that the drug 18 user in the community is better equipped to gather 19 information on the extent of the problem than I 20 am. 21 THE CHAIRMAN: Who is better 22 equipped? 23 DR. BRIGGS: The drug users, 24 the young people involved. 25 As I say, the facts are vague. 26 I believe that on one hand professionalism 27 28 29



1 has had a fair amount of contact with youth, 2 and I find it very difficult to determine the 3 extent of the problem, other than that there is a 4 problem. 5 THE CHAIRMAN: What is 6 your contact with youth, professionally? What is 7 the kind of work you carry out with youth? 8 DR. BRIGGS: I am a child 9 psychiatrist at the Out-Patient Psychiatric 10 Hospital in the community and I am on a special 11 committee of youth. 12 THE CHAIRMAN: That microphone 13 is a little low. I wonder if you could speak a 14 little closer to it. 15 You are running an Out-Patient 16 Child Psychiatric Clinic at the Kingston General 17 Hospital. 18 Have you in your professional 19 practice, have you dealt with drug use cases? 20 DR. BRIGGS: Yes, I have. 21 THE CHAIRMAN: And the effects? What effects have you observed from the use of 22 23 drugs by your patients? 24 DR. BRIGGS: In terms of 25 specific drugs? 26 THE CHAIRMAN: Yes. DR. BRIGGS: I have had no 27 direct dealings with adverse effects from the use 28 of marijuana. The effects that I dealt with 29 have been youth who have been reported to be on 30



1	MDA and cocaine and speed.
2	THE CHAIRMAN: MDA, cocaine
3	and speed.
4	Have you seen any heroin?
5	DR. BRIGGS: I have seen two,
6	who were reported to be on heroin. My impression
7	is that when they get on to hard drugs, and
8	start to become addicted, they have to move out
9	of the centre to a larger centre.
10	THE CHAIRMAN: Where do they
11	move?
12	DR. BRIGGS: Toronto.
13	THE CHAIRMAN: They go to
14	Toronto. Who makes the judgment as to who should
15	go there?
16	DR. BRIGGS: The supply.
17	THE CHAIRMAN: Oh, you mean
18	they move in search of drugs. I thought you
19	meant for the specific
20	DR. BRIGGS: No.
21	THE CHAIRMAN: I see.
22	What did you observe about the effects of speed?
23	DR. BRIGGS: The effect of
24	speed?
25	THE CHAIRMAN: Yes.
26	DR. BRIGGS: The inference
27	(portion unintelligible)
28	fear, destruction of the body, deterioration of the
29	body, hepatitis, although I am not aware that
30	there is any hepatitis in this area.



1 THE CHAIRMAN: You have not 2 seen any cases of hepatitis. 3 DR. BRIGGS: I have not, no. THE CHAIRMAN: What is your 4 professional opinion as to the psychological reasons 5 Have you or factors predisposing the use of speed. 6 formed any professional opinion as to the psychological 7 makeup of speed users? 8 DR. BRIGGS: Well, in the use 9 of drugs, I believe the drug users are not a 10 specific group, but they tend to /alienated from 11 adults and in our experience it has been that 12 they have tried many other things before they 13 tried drugs. They tried (portion unintelligible) 14 of various kinds, sexual behaviour; we had one 15 youth who said he had tried religion and suicide 16 as well, in attempting to find some meaning in 17 life. 18 THE CHAIRMAN: How do you 19 view the speed freak? What do you do for him? 20 DR. BRIGGS: My purpose is 21 to establish some sort of relationship which 22 establishes trust. It is primarily a psychological 23 approach, rather than a medical one. 24 THE CHAIRMAN: What has been 25 your success in therapy? 26 DR. BRIGGS: That is a good 27 question. 28 THE CHAIRMAN: I beg your 29 30 pardon?



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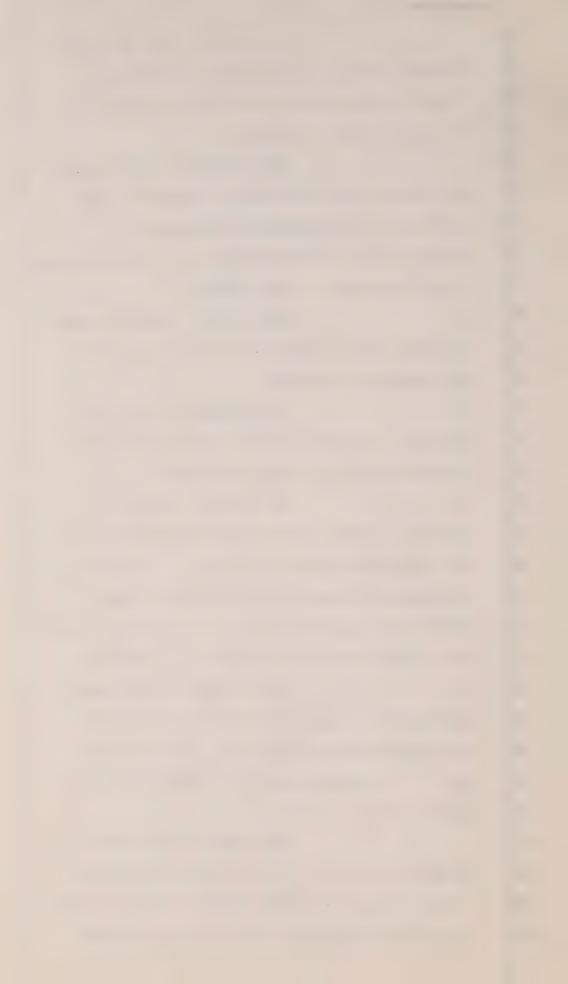
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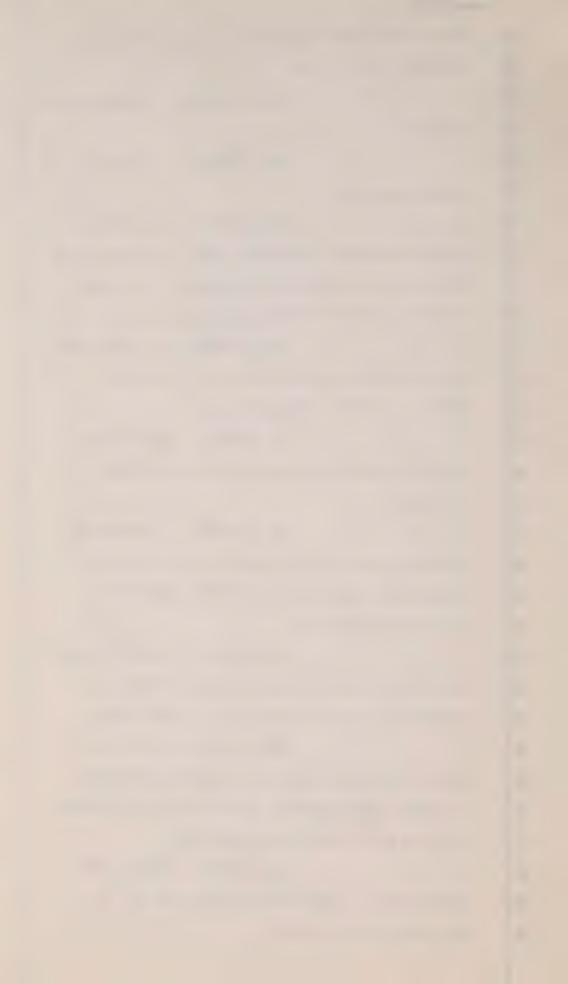
I think a reason for

1 DR. BRIGGS: That is a good 2 question, and it is very difficult to answer. 3 I have had some success with some and others I am 4 sure have not been successful. 5 What would be THE CHAIRMAN: 6 your opinion about compulsory treatment? I am 7 speaking of your professional opinion as a 8 psychiatrist as to the desirability or appropriateness 9 of the principle of this treatment. 10 DR. BRIGGS: I believe there 11 is a point where I would add I would like to 12 see compulsory treatment. 13 THE CHAIRMAN: Do you think 14 that this is psychologically feasible or likely 15 to be effective, the compulsory aspect? 16 DR. BRIGGS: Only if 17 involved in this is some reasoning pertaining to the compulsory treatment, to help the person 18 19 long enough that some meaning comes into their lives, some reason for change. If this is not there, 20 then we lose the purpose of making it compulsory. 21 22 THE CHAIRMAN: Do you have 23 any idea of any approach to what you might call the psychological and moral alternative to drug 24 use? Do you see anything has been put in its 25 26 place? DR. BRIGGS: Yes, I think 27 in terms of living, I think living is pretty good. 28 living r is pretty good and I enjoy

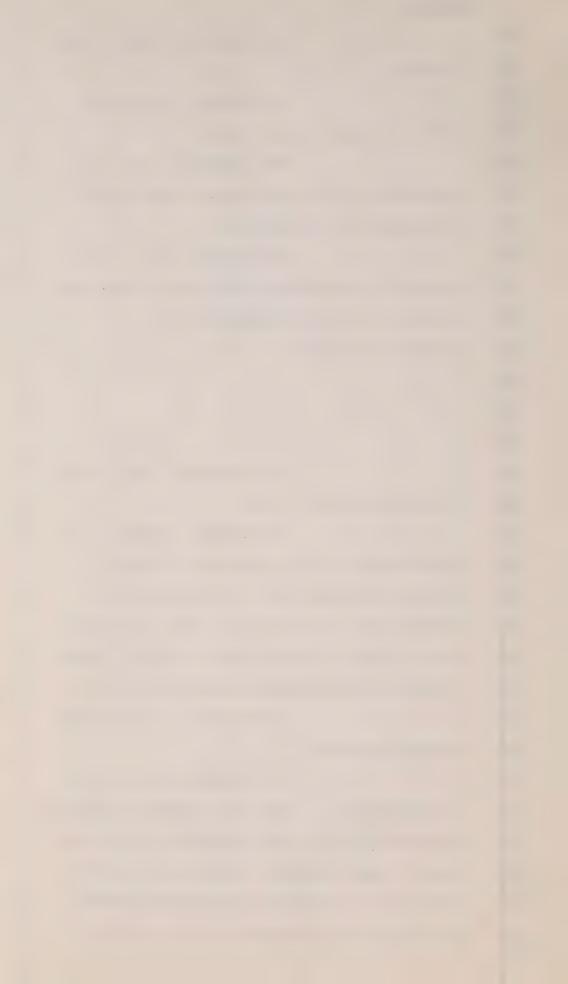
it and I have managed to get this across to some



1 | of the kids that I have been seeing. As I said, taking a trip on life. 2 3 THE CHAIRMAN: Taking a trip on life. 4 MR. CAMPBELL: (Portion 5 6 unintelligible). DR. BRIGGS: You need a 7 characterization of the drug user as alienated from 8 adults by many things besides drugs, anti-social 9 behaviour, sexual behaviour and so on. 10 THE CHAIRMAN: To what extent 11 do you see this in the drug user? Do you feel 12 this is a general characteristic? 13 DR. BRIGGS: I am talking 14 about the drug abuser and I am not including 15 marijuana. 16 MR. CAMPBELL: Do you see 17 a similar way of thinkingpsychologically in the 18 person using speed heavily and the person who 19 is using acid heavily? 20 DR. BRIGGS: I haven't looked. 21 They seem to use whatever they can get when it 22 comes to the harder drugs, if it is available. 23 THE CHAIRMAN: A moment ago 24 there was a point where you thought compulsory 25 treatment was warranted. Would you like to expand 26 a little bit on what that point is? 27 DR. BRIGGS: I am not sure 28 where there is a demonstration for use for the 29 drug, but I am not sure --30



1 MR. CAMPBELL: Demonstrated 2 addiction. 3 DR. BRIGGS: I am talking 4 about it in psychological terms. 5 MR. CAMPBELL: What would be 6 the reason for this distinction between psysical 7 and psychological dependence? 8 DR. BRIGGS: In my mind I guess the psychological dependency, I feel that 9 the person is still knowledgeable in a 10 11 psychological extent. 12 13 14 THE CHAIRMAN: What have you 15 seen of the effects of LSD? 16 DR. BRIGGS: Primarily 17 hallucinogenic. It is difficult to know the 18 purity of the drugs here. We have to rely on 19 what the youth says they have taken, in a batch 20 that they say is a strong batch, there are highly 21 (unintelligible) and paranoid reactions to them. 22 THE CHAIRMAN: You have seen 23 paranoid reactions? 24 DR. BRIGGS: Yes, under the 25 influence of LSD. One of my concerns in trying to 26 work with youth is to get information on the drugs 27 when it comes available. For instance, when MDA 28 hit Kingston, last spring, and somebody brought 29 it to me, I had no awareness as you can imagine 30





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should be made?

and phone calls to Toronto and New York did not help any. The information was just not available.

psychiatrist have you any views on the effects of drug education, particularly for the pre-adolescent who in our hearings have frequently raised the question as to whether people should be provided all the information there is about the drugs, including what positive effects might be said to describe them. Have you any views on the effect of that kind of full disclosure on the minds of the pre-adolescent child or for that matter upon any children, if a distinction

DR. BRIGGS: Yes, I must go along with providing them the information.

We have seven and eight year olds in the schools asking about drugs and talking about it and why should they not know what it is about, if they are confronted with the problem. I believe it should be integrated into a more extensive family life program. Sexual education as well.



1 | 2 3 4 5 effects on their curiosity? 6 7 8 9 10 11 12 Who should present it? 13 14 15 16 17 18 into the school situation. 19 20 the problem? 21 22 23 24 about his glue sniffing. 25 THE CHAIRMAN: Are there any 26 questions or comments for Dr. Briggs? 27 28 29

THE CHAIRMAN: How does the young child, let's say seven, eight, nine, how does he react to that? How do they react to this kind of information? How do they absorb it? What are the DR. BRIGGS: It depends on how it is presented. When glue sniffing hit Kingston two years ago, in an attempt to educate the public, sensationalized and made it a more desirable thing. THE CHAIRMAN: How do you think it should be presented to the young child? DR. BRIGGS: Who should present it? I think the more we present it as an unusual thing and a special thing, the more a special thing it becomes. Again I would strongly believe that we should have classes on how to cope with living, that that should be integrated THE CHAIRMAN: What would be DR. BRIGGS: The problem a child of any age confronts. I think that it is concerned about. A seven year old is concerned



DR. BRIGGS: I have one

further concern and that is the social implications in the drug problem now, and that because of the legal restrictions I am finding that some of the users with a sudden waiving of their rights, individual rights, they prove that they have rights and don't have rights. For instance, one picked up on the street was not allowed to make any attempt to identify himself until he is searched -- stripped and searched. And when I followed this, it was a case of mistaken identity and there was no attempt to rectify this.

THE CHAIRMAN: You are

speaking of the effect of civil and private rights?

DR. BRIGGS: Yes. That a

suspect is guilty until proven otherwise.

THE CHAIRMAN: Have you had occasion to examine the question of special knowledge of any young people who have served terms of imprisonment for drug use?

DR. BRIGGS: No, I haven't.

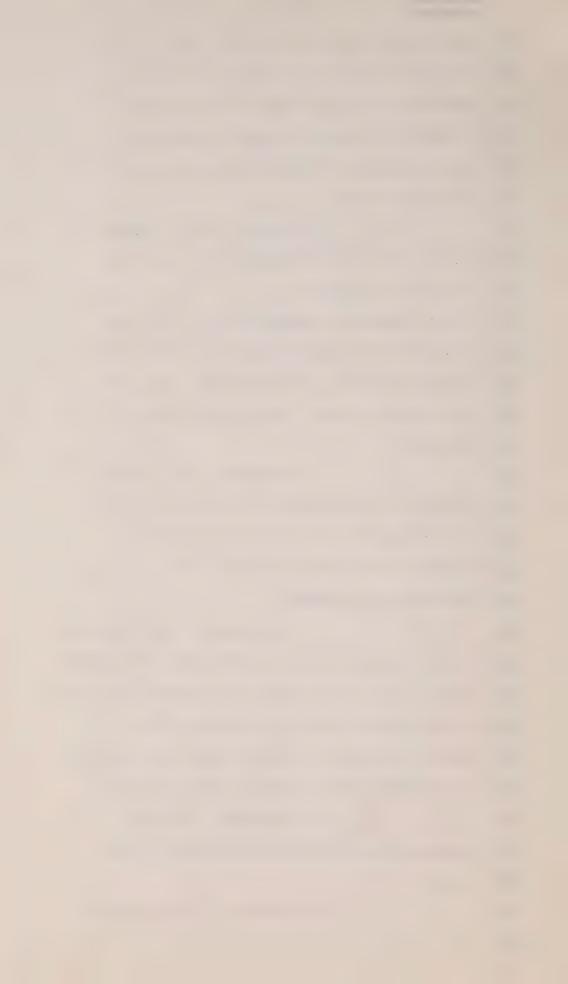
THE CHAIRMAN: Dean Campbell?

MR. CAMPBELL: Dr. Briggs,

I would like to come back to the question of drug education. I think it was in our Halifax hearing that the position was put to us, that drug education should include statements of the desirable effects. Now, the people who were making this submission, I think, were essentually saying that much of the drug experience is a child's



1 objective -- was highly objective. People have 2 the unique experience as a result of the drug 3 experience and it was argued that statements 4 of this sort should be included in the drug 5 education program. Would you accept this as 6 a valid position? 7 DR. BRIGGS: Yes, I believe 8 if you tried to blow it up heavily on one side and (portion inaudible) 9 to have information coming from all directions. 10 It is obviously designed that we are just giving 11 the negative aspect; it is obviously designed 12 to get a point across, rather than to say you 13 have proof. 14 MR. CAMPBELL: Do you have 15 any position to describe the history as it were 16 of the drug problem in Kingston, and how it 17 evolved from the forces that led to its 18 development and problems? 19 DR. BRIGGS: How developed? 20 We tend to stay a year, or a year and a half behind 21 Toronto. I am not sure how much influence it had. We 22 say glue sniffing reach its peak here about 23 eighteen months after it was introduced in Toronto. 24 And six months after it became alive in Toronto. 25 MR. CAMPBELL: Are you 26 suggesting then the primary forces are in urban 27 28 centres? DR. BRIGGS: I think primary 29



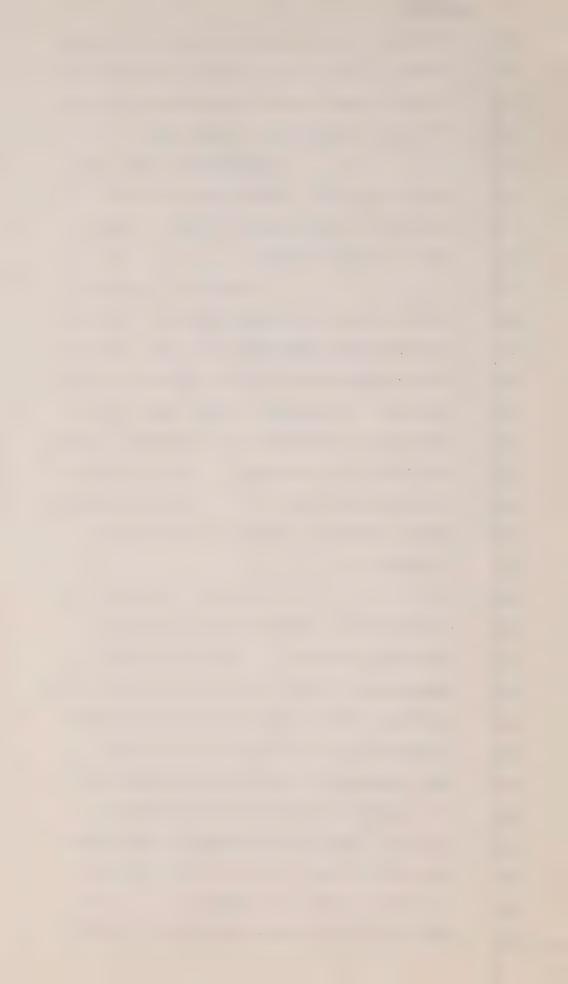


forces are in our culture. We are a drug taking society. I don't believe we are in a room full of adults where I would be surprised to find 10% who haven't taken a pill of some sort.

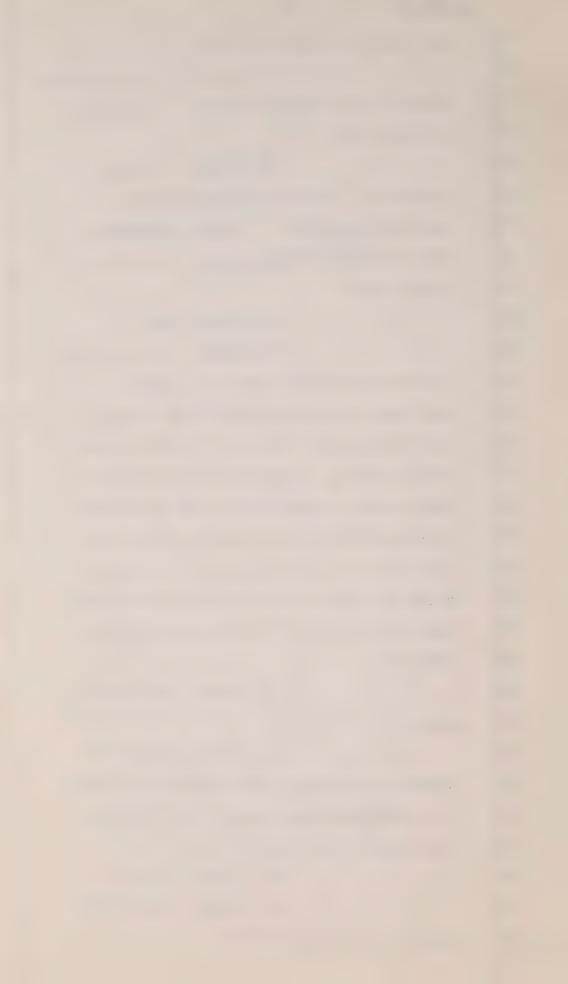
MR.CAMPBELL: What then are the particular characteristics of the psychoactive drugs that draw people to their use in this drug taking.

DR. BRIGGS: If you are talking about youth, experimentation, curiosity, group pressure in belonging to a group, looking for new experiences, once the motorcycle has had its day. By the way, I think there are far more injuries and deaths from motorcycle accidents than there are from drugs. We don't seem to get all up tight about it. Boredom, rebelling against authority, against control and power in terms of ---

on the point you were making earlier about compulsory treatment. In your view as a psychiatrist, in what way would the response of the individual who was taking the drugs be different in comparison to an incarceration in prison and a placement in a compulsory treatment centre. What would be his response and willingness to enter into some form of therapeutic relationship be different than if he were placed voluntarily in a medical centre for treatment. Do you have any opinions on his motivation or response

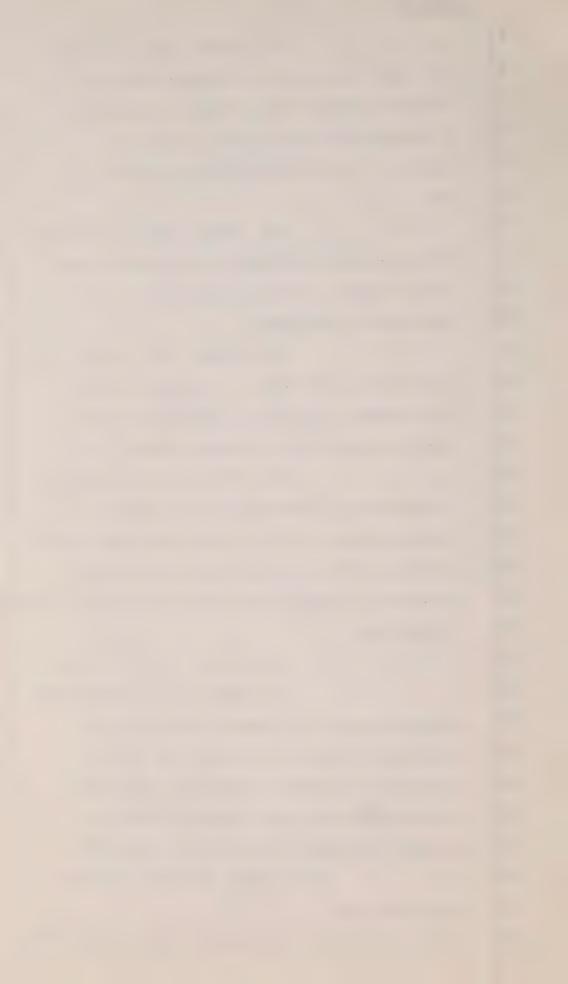


1 with respect to these problems? 2 DR. BRIGGS: I think he has 3 got half of that beaten already. If he went 4 in voluntarily 5 MR. STEIN: 6 involuntary. You were suggesting earlier a 7 compulsory treatment. In your professional 8 opinion could be a battle type of response to 9 the drug user? 10 DR. BRIGGS: Yes. 11 MR. STEIN: I am asking you 12 in what way would the individual respond --13 would there be any difference in his attitude 14 about entering into treatment if he was placed 15 involuntarily in a compulsory medical centre? 16 Would he have a different attitude about trying 17 to do something about his problem, than if he 18 were placed in a compulsory way in a prison. Do you feel there would be a difference in his 19 20 response in an effort to do something about his 21 problem? DR. BRIGGS: The medical 22 23 centre ---MR. STEIN: Between two 24 possible involuntary -- civil commitment, let's 25 call it for drug use as opposed to a compulsory 26 incarceration through court? 27 DR. BRIGGS: Oh yes. 28 MR. STEIN: You think the 29 response would be different? 30



1 DR. BRIGGS: Yes, because the 2 environment hopefully in a treatment centre is 3 treatment oriented and in an incarcerate centre 4 or incarceration the treatment is punitive 5 whether we like to think it is otherwise or 6 not. 7 MR. STEIN: This is your point. 8 If the individual is placed involuntarily in the 9 medical hospital for example, you make this 10 distinction in treatment? 11 Well, they DR. BRIGGS: 12 are going to resent both. I am just saying 13 that hopefully (inaudible) and motivation will 14 come more readily from a medical setting ---15 MR. STEIN: One other question. 16 In light of your reservations about a medical 17 centre treatment for this, I think this came across --18 I wonder if all of the approaches would be more 19 successful in working with this kind of treatment system? 20 Is that fair? 21 DR. BRIGGS: That is fair. 22 MR.STEIN: Do you think there is enough known in the medical profession who 23 wanted the introduction of compulsory medical 24 treatment? In other words, do we have any 25 body of expertise in your field; an exhibition 26 of great confidence to deal with this phenomena 27 this is done, and you are smiling 28 29 at my question?

DR. BRIGGS: Yes, I seem to be



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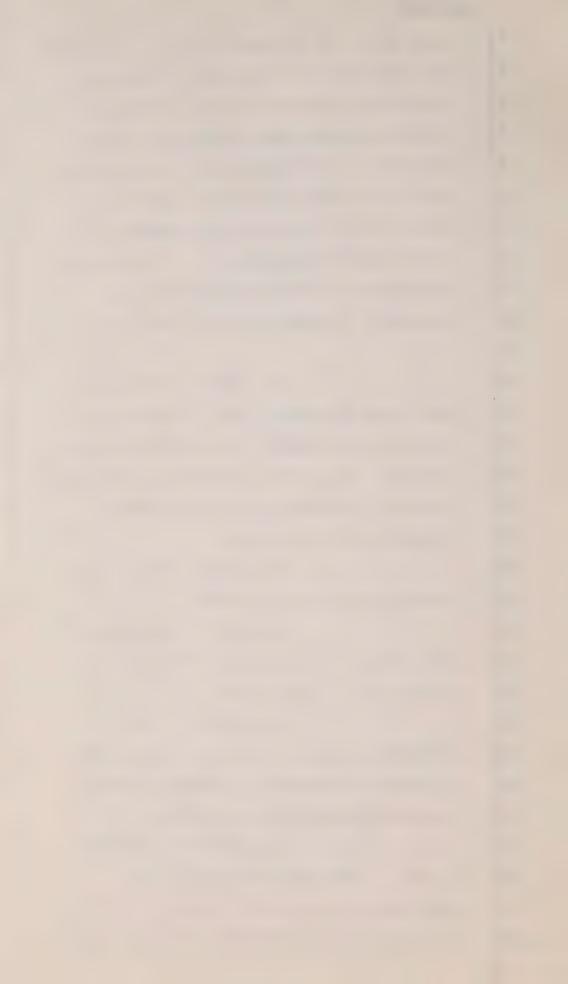
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on the spot. It is a yes and no. I believe that there would be a fair amount of expertise in the severe addiction problems involving the community problems where we have very little expertise. The expertise is of a much higher level in the community as hard to handle the bad trip and what sort of things aggravate it and what sort of things help it. We tend to use a straightforward medical approach which antagonizes in submitting them to many tests. MR. STEIN: In the first part of your statement I want to be clear on, you stated and I presume it is physical addiction for which the medical profession has successfully developed techniques to assist individuals in dealing with this problem. DR. BRIGGS: We have some. I am not saying they are the best. MR. STEIN: What would be -could you state what they are in the way of your personal experiences. DR. BRIGGS: Well, technique for supporting drugs -- we have a body of psychiatric knowledge in the terms of how to develop the relationship with people. MR. STEIN: You are saying

you have developed a way of helping an individual to withdraw from the drug use and do you feel there are methods to help him in the



1 | long term problem of ceasing to utilizie these chemicals? DR. BRIGGS: We have 3 some, that works sometimes. 4 5 MR. STEIN; Thank you. 6 THE CHAIRMAN: Thank you very much, Dr. Briggs. Thank you. 7 DR. BRIGGS: Thank you. 8 THE CHAIRMAN: I call now 9 on Dr. George Scott, Chief Psychiatrist, Canadian 10 Penitentiary Service, Department of the Solicitor 11 General of Canada, who I understand is appearing 12 in his personal capacity. Is Dr. Scott here? 13 I call then on Dr. S.G. Laverty, 14 Director of the Kingston Office of the Addiction 15 Research Foundation of Ontario. 16 Is Dr. Laverty here? 17 Well, those were all our 18 scheduled submissions this morning. We are here 19 Some were told to come back about eleven. 20 In these circumstances we have others who were 21 scheduled for this afternoon. I don't know whether 22 any of the following are here, or are able to 23 make submissions at this time. 24 Miss Flora MacDonald, Director 25 of the Elizabeth Fry Society was scheduled this 26 afternoon. Civil Liberties Association from 27 Mr. Michael Mahoney, research technician Ottawa. 28 with the Drug Addiction Unit of the Kingston 29 Mr. Doraty of the Psychiatric Hospital.



Canadian Rehabilitation Association. I just repeat the names of the others mentioned earlier to make certain Dr. George Scott is not here. Dr. S.G.Laverty.



1	THE CHAIRMAN: Well ladies and
2	gentlemen, we are in the position that this has
3	problem has never occurred to us across Canada
4	without having the order of the formal submissions
5	which are on this paper at this time.
6	We invite you to give us the
7	benefit of your views on this subject, and assist
8	us. We can have an informal discussion at this
9	time.
10	Professor Laverty is scheduled
11	for 11:30. I wonder if you would like to give us
12	some views.
13	Yes, the gentleman at the back;
14	would you come to the microphone?
15	THE PUBLIC: Is the microphone
16	switched on? I wonder if everybody can hear me.
17	I have made a few notes of my
18	own personal views, which I would like to submit
19	to the Committee, if I may.
20	Would it be better if I spoke
21	without a microphone?
22	THE CHAIRMAN: Would you like
23	to come to the table? You might find it more
24	comfortable here.
25	THE PUBLIC: Thank you. I find
26	the sound is extremely bad.
27	THE CHAIRMAN: Would you like
28	to be seated at the table? I think that microphone
29	we have if you can speak closely to it, perhaps
30	if you could hold it up.



THE PUBLIC: Fine.

Now, as a father of two, I beg to submit my views on the phenomena of today's drug culture, its possible causes and proposals for a solution to stop further spreading of non-medical use of drugs to a wider segment of our population.

I would like to point out at the beginning that my children have not yet fallen victim to the drug menace, mainly because the young young girl being too /and at age ten has not been exposed to it, and the elder at age sixteen has been sufficiently educated, informed and warned by us parents about the irreparable dangers of drugs.

As parents, we continually maintain an open line of communication to our children.

We take time to listen to them, and know most of the time when they move about and with whom they associate.

In this manner, we maintain a very close relationship with our children, and therefore do not think that they will ever fall to the desire to join the current-day trend of drug taking.

I am sufficiently angered by
the deliberate and systematic destruction through
drugs of our young people, by forces which we failed
to recognize earlier. The time has come to put a
stop to this cancerous menace in our society, and
it is not too late for our generation to take
immediate and active action to remedy this situation.





effective course of action, we should first establish some of the causes of the drug culture.

One absolutely plausible theory is reprinted here in the following paragraphs. This very valid theory was recently published in Great Britain by the author, James McCartney, who points to at least one of the reasons for drug abuse, which, in my opinion, is worth our consideration. I would like to entitle Mr. McCartney's writing as:

"Sounds, Drugs and their close relationship; their effects on the human body."

I quote:

"It is a well established fact that different sounds produce effects upon different parts of the human body, and that mind, or more particularly its mood, is strongly affected by music, and it is now well known that the vibrations caused by music can have a marked effect on the human mind and body.

"The medical profession has proved that some kinds of music have a soothing and soporific effect, whilst martial music has been known to keep the feet of exhausted soldiers moving long after the point of exhaustion has been reached.

tapping, whilst an organ played in church evokes

a feeling of religious devotion, and all the emotions

of which the human soul is capable can be found in

the four movements of a symphony.

Dance music will set the feet



It is not so well known, however, that certain body reflexes can be affected by music, and this is particularly applicable to certain practices carried out by African witch doctors, who can make a person's muscles and limbs jerk and dance involuntarily by the use of certain sounds and rythms.

It must be said here, that in the opinion of the writer, considerable damage is being done to the youth of today by the incessant exploitation of certain types of 'pop' music. From the facts already stated, it is clear that some musical sounds and rhythms can have a very marked erotic effect, which, when coupled with provocative words and gestures, have upon the mind an extremely deleterious effect, which is currently being reflected in the serious laxity in morals and habits of our youth.

The erotic effect, first sensed as a pleasure, builds up over a period of time as a tendency and then as a habit, so that a desire is created for more and more excitement of that same nature. Inevitably, a debasement of moral sense and critical faculties must follow, so that eventually, things from which a person would normally recoil in distaste and repugnance, not only only become acceptable as a norm, but become actually desirable. Then, in order to maintain the level of excitement and satisfaction, the victim is led on to other and more violent forms



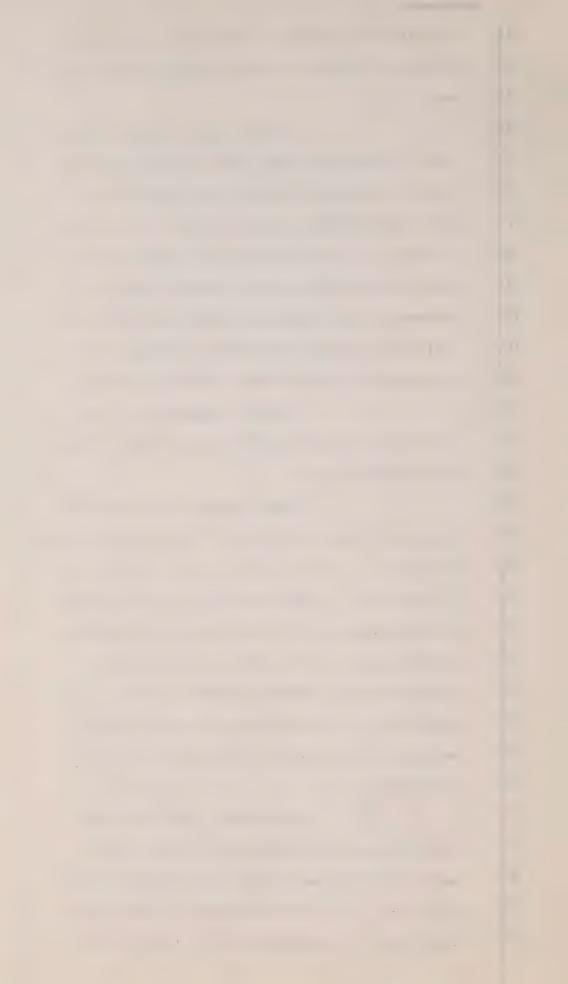
of self-gratification, so that drug taking and perversions follow as surely as night must follow day.

Looked at from another point of view, it has been established by recent research into the effects of noise, that although the human ear is able to attune itself to high levels of noise, it eventually becomes receptive and the mind becomes unconscious of them and feels no discomfort, even though the sound levels are of sufficient strength permanently to damage the ear mechanism, and so cause incurable deafness.

A recent investigation by a well known and established scientific body brought the following report:

"Noise levels in the community
now exceed those of industry. Continual exposure to
80 decibles—can bring about a loss of hearing,
as high level (or loud) sound waves cause pressure
on the cochlea of the inner ear, and if exposure
is continued, it will affect the end of the
cochlea and will gradually deaden the ear's
sensitivity. A powered lawn mower can give 107
decibels, and equipment in the house can produce
97 decibels."

An average "pop" group using electric instruments frequently exceed a sound level of 110 decibels, and the inference is therefore clear. But the real damage is mental and moral, for it is evident that the life and the



spirit itself is affected by the mental attitudes so created.

In those few simple words of
the New Testament, "By their fruits ye shall know
them", Jesus gave a perfect guide to discrimination.
We have only to take a look at some of the exponents
of the art, or "pop" music, to see them exposed
as traffickers in drugs and pornography, and
physically sick people who are rapidly making
fortunes for themselves by exploiting the youths
who idolize them."

James McCartney is author of "Yoga, the Key to Life."

The foregoing was an examination of only one of the possible causes of drug addiction. I think it is now entirely proper, due to the seriousness of the matter, to point the finger at other areas of laxitude and permissiveness, regardless of whether or not someone's feelings get hurt. Some blunt and open language should now be in order.

Part of the blame can be directed to the teaching profession in our high schools, and universities, as well as to the parents in general.

Let's put the cards on the table.

Time and again do I hear the teachers referred to by the students as kooks, or queers, because of the teachers' attitude and dress. I am told that only those teachers who wear regular street or business suits command the respect of the students, while the others, who wear bell-bottom

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pants, long hair, and grandfather glasses are being ridiculed. This latter group is certainly not accepted by the students for the reasons indicated.

Should we not insist that the Board of Education give more stringent guidelines with regard to their teachers' grooming, so that young students can look upon their teachers as shining examples of proper conduct and dress. Whom are we afraid of? Why doesn't somebody speak up?



The next group to be pointed at are the parents to whom social activities and the drive for material values appear more important than their offsprings, the offsprings who will eventually earn the retirement money for us parents. I think some educating of parent groups would be in order.

Thirdly, we must look at organized crime. The racketeers, of course, are exploiting the situation, to the fullest, aided by forces which have tried for decades to destroy our Western Civilization. They are finally succeeding. I would strongly recommend that an appeal be directed to organized crime to lay off our young, because their eventual downfall will certainly put an end to Western Society and with it the crime lords themselves.

An appeal should also be directed at Canadian business, in order to discourage the exploitation of our young people through psychedelic boutiques, where the emotions of the young are played upon by flashing lights, provocative clothes and blaring "pop" music.

I would call this corruption to aid in the profiteering from the young through mind destruction.

Which course of action should be taken to put us back on an even keel? In view of the aforesaid, I would recommend the following:

1. Step up the education of



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youngsters and adults alike on the effects of drugs on their minds, and bodies.

- 2. Explain to them how they are being misled, and misguided, by the proponents of drug use, and how they are being exploited by racketeers sunbathing in southern regions at the expense of the poor drug addict.
- 3. Discourage the promotion of certain "pop" music and explain publicly its damaging effects on mind and body. Radio stations and television stations could be of invaluable help in this respect.
- 4. While drug users should be encouraged to shake the habit and should be treated lightly by the courts, traffickers and pushers should be punished to the full extent of the law, because it is they who are undermining our young and Canada as a nation.
- 5. It is suggested to leave politics out of this fight, and a sincere effort should be made by all our citizens to help our young people recognize that their lives and our Western civilization are at stake, and that they have fallen victim to forces which would only be too happy to see our faculties weakened, and our guards dropped.

What better way to destroy those who were destined to become tomorrow's doctors, lawyers, leaders of the nation. How foolish of us to tolerate such a menace to our



society.

6. If no marked improvement in this matter is noticed within the course of two years, I recommend that our Canadian government take very strong measures to put the lid on the distribution of pornography, psychedelic "pop"

I would go as far as the State of Israel went recently, by denying entry to their country of rock and roll groups.

music, and most important of all, drugs.

Reason stated; they are not contributing anything good to the culture of the country.

In closing, I would like to say that our tolerance and permissiveness have led us all downhill. It is clearly reflected in the behaviour of our young. Let us no longer be afraid to take a stand.

Thank you very much, sir.

THE CHAIRMAN: Thank you.

Excuse me, would you remain

there for a minute?

THE PUBLIC: Yes sir.

THE CHAIRMAN: Did you hear what Dr. Briggs said about us living in a "drug culture" and about the effect of the pervasive nature of drug use including adult drug use?

I don't know whether you heard my opening statement this morning, and the fact that we have to regard alcohol as a psychotropic





drug indeed.

about that?

What are your reflections
when you spoke about various aspects of responsibility? You touched on education and teachers,
parents, organized crime in business. Have you
any thoughts about this whole use of drugs in
our society, including adult drug use?

I mean, what is to be done

only help in educating our people on the effects of drugs, and that they are being used by the pushers, and those who manufacture the drugs are laughing all the way to the bank.

Granted we derive a certain degree of pleasure perhaps from taking drugs, the same with cigarettes and alcohol. However, I think the dangers are much greater. I have recently shaken the habit of smoking, and after one year found it extremely hard.

Now how difficult must it be to shake the drug habit, once you have become physically and emotionally dependent on drugs.

I have heard of cases in

Kingston, where school children have been forced
through violence to take drugs. I believe it was
in a school in the western part of the city. Now
I think this is an irresponsible act that should
be punished to the full extent of the law.

Once a person has been injected



involuntarily with a drug, that person is hooked for the rest of his, or her, life. I think things have gone too far. If someone is fool enough to take drugs voluntarily upon his own responsibility, that's fine, let them become a silly victim of drug use.

One who is forced or persuaded, threatened, I think this is a deliberate attempt to get him hooked on the stuff, so that the market can be extended by those who manufacture the product. And I think in this case, where there are some very young children involved, again forced by other older children who have probably been put up to this by others again.

I think there are some very deliberate attempts to destroy us, and we should put a stop to it.

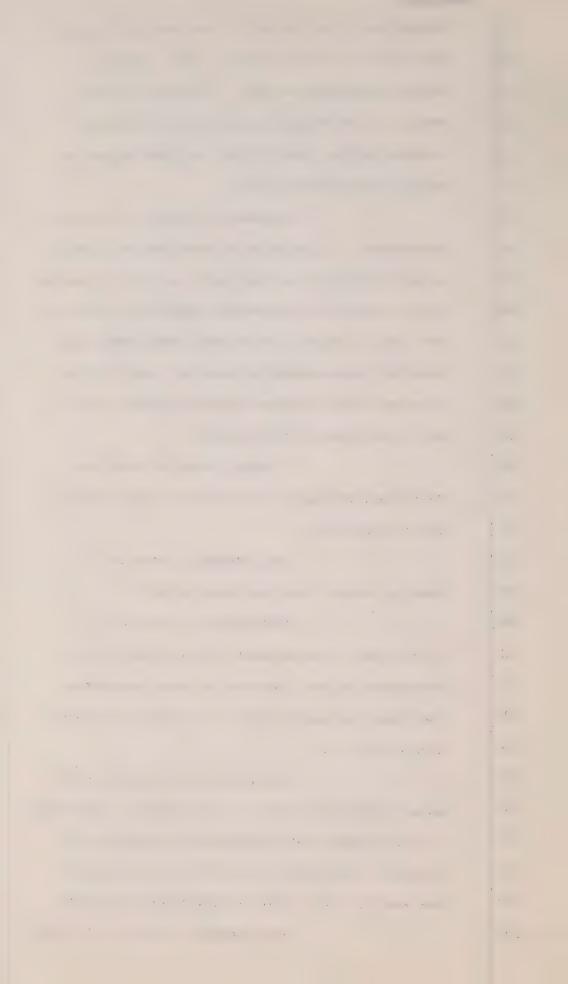
MR. CAMPBELL: What do you mean by forced? How are they forced?

a child may be encouraged, the same as we were encouraged at the time when we were youngsters,

"Oh, come on, have a smoke. You will get a great kick out of it."

The person who refuses to do so will then be pushed a little harder. Eventually, it will happen that perhaps out of innocence, or stupidity, the person is held by one person and the needle is put into the other person's veins.

THE CHAIRMAN: What is the basis



1 of your statements? Do you say you have been 2 told this? 3 THE PUBLIC: I have been told 4 this. 5 THE CHAIRMAN: You don't ---6 THE PUBLIC: I would not want 7 to go any further in revealing that particular 8 information, because I have no definite proof. 9 MR. CAMPBELL: The drug you 10 are speaking of is presumably heroin? 11 THE PUBLIC: I assume it was. 12 THE CHAIRMAN: Thank you. 13 Is Dr. George Scott here, 14 the Chief Psychiatrist of the Penitentiary. 15 It says here, Dr. Scott, you not 16 are appearing/in a professional capacity. 17 DR. SCOTT: Yes. 18 My remarks will be fundamentally 19 may infringe upon morality, but in clinical, and 20 a general way it has to do with a medical man who 21 is oriented psychiatrically in a personality study, 22 how he looks at this field of addiction. 23 And primarily we have to keep 24 in mind that man is fundamentally an addicted 25 animal. He is addicted to all sorts of routine; 26 he is addicted to all sorts of procedure; and he 27 is also addicted to his own satisfaction for 28 which the greater satisfaction is eating, basically 29 forming the basis for 30 hypertension, heart disease and many illnesses which



are fundamentally dangerous.

Again, it was the contention

by the previous speaker that the addiction to tea,

coffee, are addictions which everyone in this room

probably suffers to some degree or other.

However, in reference to drugs, we have an additional thing which is the alteration of reality, and this is the context which I think is important to study from the non-medical point of view.

The drugs that are significant to the individual are all drugs that change his relationship with reality. Now, if he has a disturbed relationship with reality; if he has a poisonous relationship with the world around him; if he is so aggressive and hostile that he cannot function comfortably with people around him; then drugs have a particular significance.

And it is this context of using drugs to change reality that I think is the intriguing important part of this subject.

And of these drugs there are several subdivisions of which the user of alcohol is probably the most common known measure of taking away the relationship of reality, or the more susceptible parts of the brain.

There are the mentally excited which literally blow out when sensitivities___



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one becomes aggressive and as a result of this ones relationship to reality is no longer controlled. These excitements, of course, are the dexedrines, methamphetamines, commonly known as "speed" which is probably one of the most dangerous and addictive drugs in the whole pharmacopoeia keeping in mind the heroin, morphine, and other drugs that have their brief moments of fame, but in a general way methadrine is probably the most concerning and addicting drug which is known to me in my practice over a period of some fifteen years.

It was so useful in England in one of the major women's prisons, and in 1935, the staff considered giving methadrine injections to its more violent, aggressive, hostile and damaged personalities in the female side, and it was found that methadrine did a tremendous job, it just stiffened them up and made them delightful ladies.

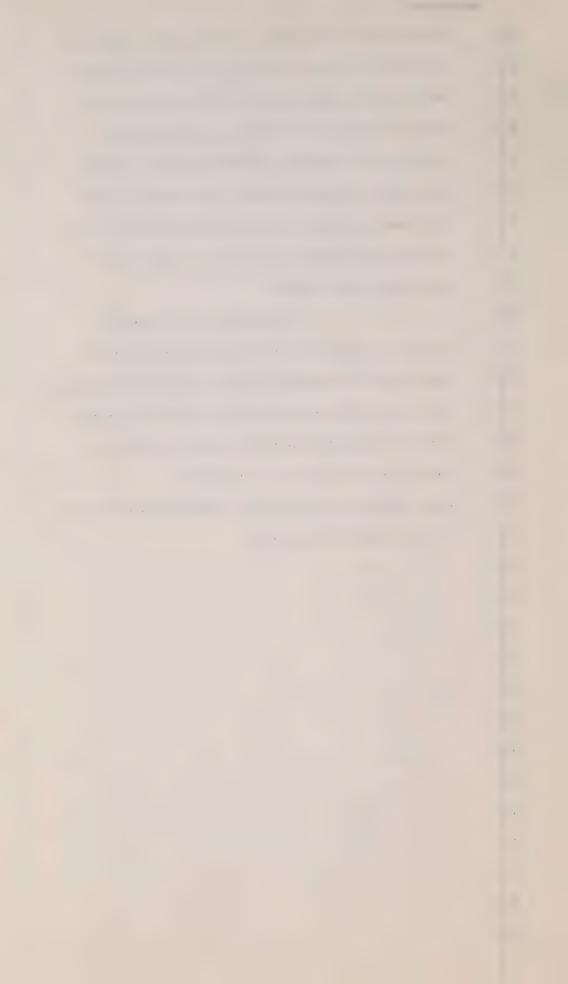
After they discontinued the methadrine, they were back into their previous kind of existence. So there is the alcoholic depressants, such as the phenobarbs, the seconals, the drugs that affect the cerebral cortex and these of course are the "pill poppers", the "blue bombers" ,the "red hornets", the drugs which can be bought on the corners or pushed by small-time opportunists to maintain their own living.

These drugs are fundamentally



exceptionally dangerous, because when they are combined with other harmful drugs that produces an explosive personality, and for instance if one has 180 mgs. of seconal, which one can -it disturbs reality and makes everyone quite pleasant, and then you add four beers to that and then you move into an amnesiac phase of it, in which you regress to obvious dangers and sometimes quite tragic.

In relation to these two groups of drugs, there is this third type of drug which is commonly known as the hallucinogenics, but they really distress and disturb the mental actions to produce a false sense of reality, rather than of (portion inaudible) the false sense, and this is where LSD and some of its related drugs are.



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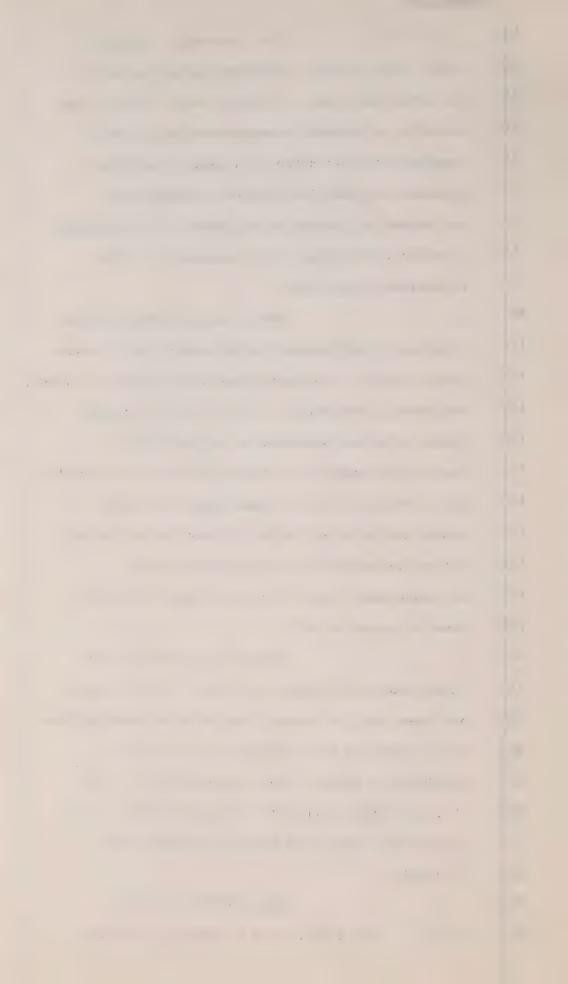
heroin. The ladies whom I have had extensive

The (inaudible) related drugs, the ones that are being passed around in our urban societies — there is one I haven't seen actually, a mixture of methodrine and a heroin compound which is taken as a capsule and this produces the positive results of methodrine, and excessive feeling of excitement and confidence together with heroin which produces a feeling of extreme (inaudible).

Now, I must say these types of drugs in non-medical hands depend upon in whose hands they are. We have three major groups, children, adolescents and adults. In the hands of adults these drugs are dangerous in a general way, because they memove them from functioning in society and I think the first concern about the opium smoker and in other words, it took the individual out of the production society and made him an opium eater, and if they had these, we would have no nation at all.

So that the adult in his relationship with drugs, it forms a serious area and these are, of course, the addicted personalities and in relation with chemicals if they need chemicals to support their personalities. If they don't need chemicals to support their personality then drugs are an incidental type of affair.

Angry people will use



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relationships with in prison circles, the heroin addicts are fundamentally aggressive, inadequate women who just cannot function and we find oddly enough that heroin does not make them high, heroin makes them normal. So as you see some drugs can be so powerful as to produce normality in an individual who cannot get along without them.

The adolescent, when he is using drugs, does not know what he does because fundamentally he does not know who he is, what his emotions are, what his mental content is, whether it is adjustable and who has the certain adolescent aggressiveness.

Children and drugs I know very little about, and so cannot comment.

In conclusion it is my

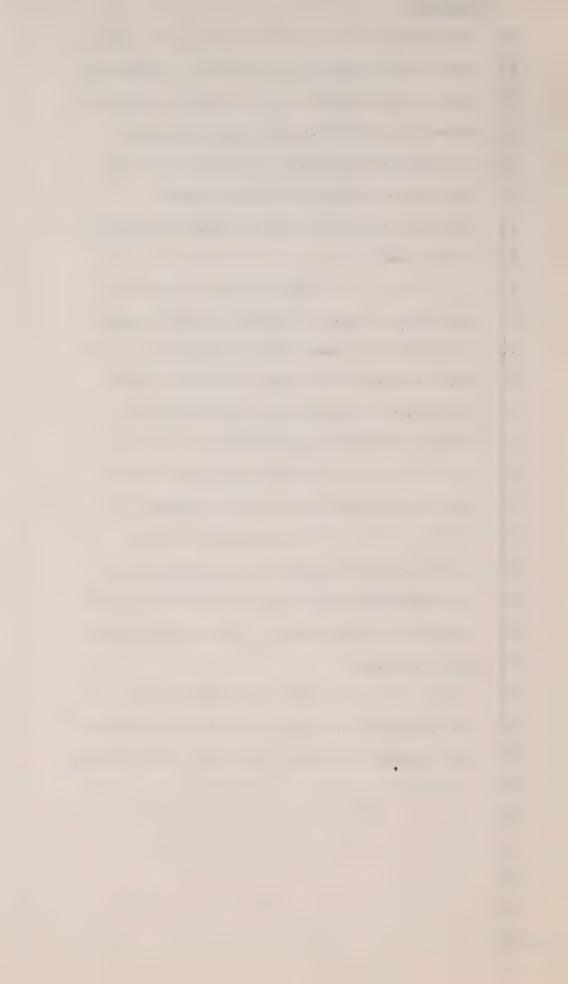
feeling that the non-medical use of drugs has

to be approached on the same relationship as the

heroin side is approached. Heroin users receive

prison sentences.

Now, I am speaking of a prison sentence in terms of controlled behaviour and of course the prison gives very well controlled



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world, but it gives controlled behaviour and our society has got other ways to find controlled behaviour.

used in a non-medical fashion, it has to be

approached from a non-medical point of view.

the user to the pusher to the -- well, let's

Fundamentally the drug business grows not from

So if drugs are going to be

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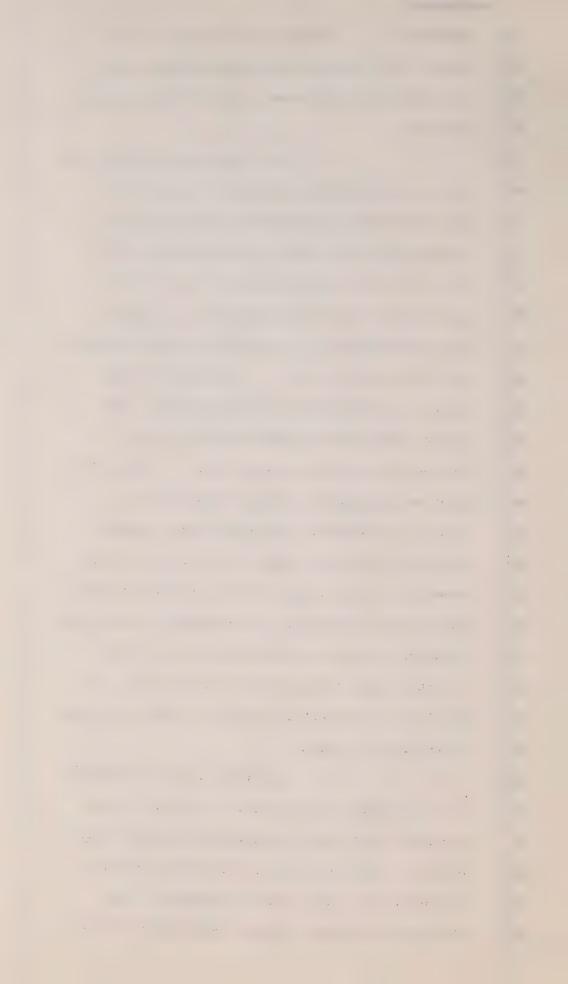
go from the user to the business. Drugs in their distribution, is a great business procedure and that is all it is. If we didn't have people in business with the minor drugs, the medium drugs and the major drugs, we would have no drug problem in our city. We wouldn't have various types of drugs being available at all high schools, we wouldn't have weekend parties at which our happy students are getting together to have a good old beer party, and half way through the party, when everybody is moderately happy, with beer, some delightful friend comes in with drugs, such as MDA and other drugs, to add life to the party, and also to make a hundred bucks from this deal. And these are the tragedies that go on. So from my point of view it is the

business first, and if somehow we could do away

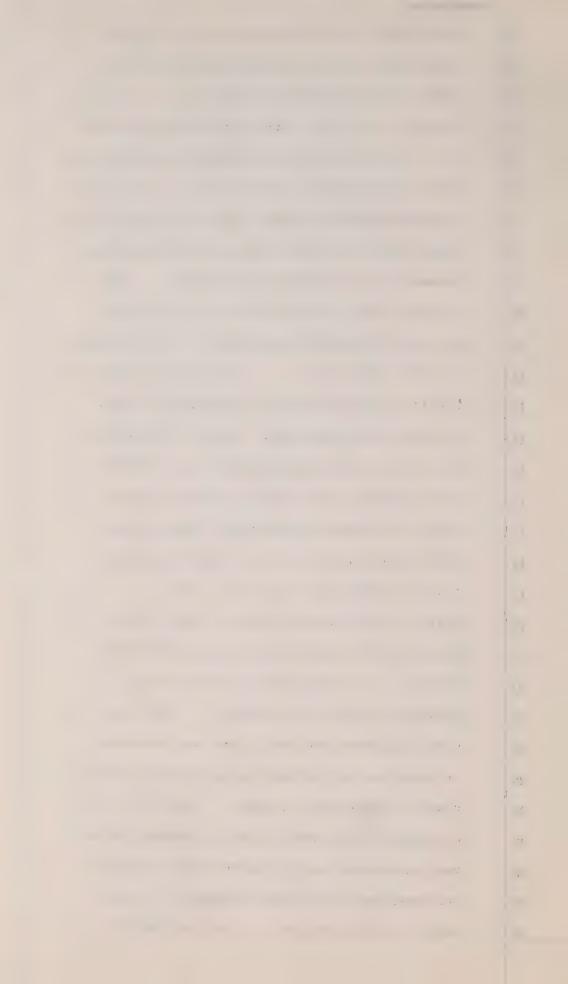
with the illicit business in the drug business.

abolition of slavery through legislation and if

We have gotten away with the business of the



we can get enough legislation to act on the 1 distributor of the drug business one has it 2 under a certain amount of control. And we 3 look all too lightly upon the occasional sniff 4 of one thing or another, and that may not be any 5 harm at the moment, for expedience. But when 6 the business comes first, and the business and the 7 pusher who may be involved, you get the first 8 appearance of a damaged personality. The 9 business itself may be strictly cold; there 10 may be no damaged personalities. It is a matter 11 of bucks from A to Z. The person has to have 12 a relationship with money and the drug group 13 and the drugs themselves in 85% of the cases. 14 So you get the damaged personality without 15 thought, moving into the high schools, moving 16 into the universities with the type of drug 17 which they say will give you something great 18 and will change your reality. And 19 reality is bad enough when we face it every 20 day. And when youngsters who are placed under 21 stress, it is easy to see how they can be 22 seduced into the use of drugs. There are 23 some youngsters who take drugs for the sense 24 of adventure and perhaps in our society their 25 chance of adventure is lost. There is no way 26 by which we can stand up and be counted and so 27 many youngsters would like to fight something 28 and sometimes the taking of drugs is a good 29 way of proving manhood. In the time of 30





of my practice there are many youngsters whom I have very close contact with. Their drugs come from Ottawa and two of the boys say that they take LSD and they have a particular system of knowing how many gamma it is by the colour, yellow, red or brown, and one said, "I could take yellow but brown puts me down", meaning that he went out of psychological environment when he got on the second one.

So for some youngsters
it is a way of proving something; others it is
a new experience. For the damaged youngster
it is a way out of the disturbed and unhappy
world and consequently it has an effect upon
him. I think mainly the hostile and unhappy
person may be involved in the major drugs.
Minor drugs come and go.

In conclusion it is my

feeling that the poor addictive feeling, like

someone who just said they had been addicted

to the cigarettes and so on, that the addicted

person should be given areas of treatment, but the

areas of treatment should involve tremendous

social changes where there is less control

and a greater punitive aspect towards the

drug business and where I think my colleagues

are involved in the business. That is my

remarks, Mr. Chairman.

THE CHAIRMAN: Mr. Stein?

MR.STEIN: Dr. Scott, I



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think your statement was that non-medical druggues should be approached in a non-medical way; is that correct?

DR. SCOTT: That is correct.

MR. STEIN: Would you also

Well, certainly

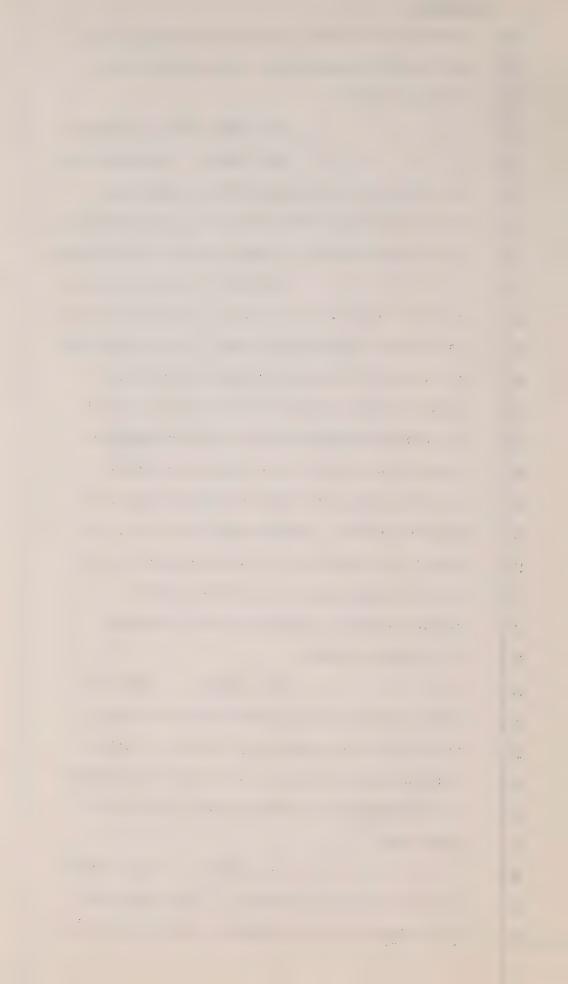
feel that the situation in which persons are chronic users of alcohol which is a non-medical use of a drug, would you include them in this statement?

DR. SCO TT:

I would include that, but what I have tried to say is that one has to have a legal form of reference for the use of alcohol and find a way that means something in all of our lives now, and it is indelibly printed and if they had adequate legislation for the use of drugs the way we have for the Liquor Control Boards of Ontario and the punitive, police people and so on, and when I say non-medical, I mean society has got to start hustling to do something about a problem which is growing up like a mushroom in the front garden.

MR. STEIN: Referring particularly to your statements that the user of a drug can be adequately treated, I believe that was your inference, that it was not perhaps as successful but nonetheless the user can be dealt with.

DR. SCOTT: I think I used the word controlled setting. My context was in a supervised setting and of course if you get a



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person who is addicted to a drug and he can't function without it and the drug is going to destroy him, and the drug is going to destroy other people, and the drug is big business, then that person has to be removed from society.

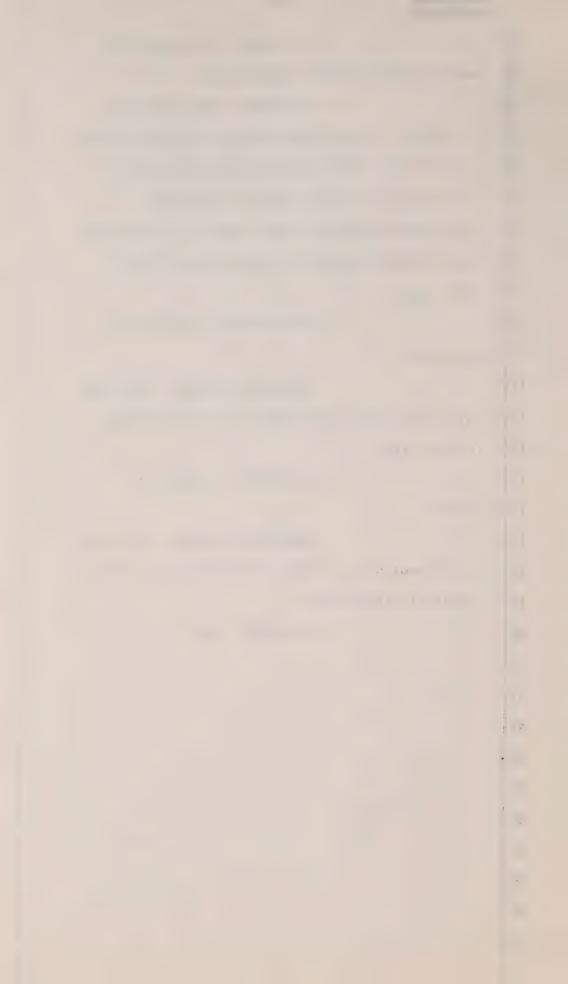
But I am not saying that everyone who is addicted should go to jail, because that is categorically wrong from A to Z and damaged personalities do go to jail, because of their tremendous social involvement by the Criminal Code.

MR. STEIN: By present legislation, is one of the alternatives to place them in a prison setting. Do you have any views about the present effect of the present setting for the people who are using hallucinogenic drugs?

am here in my context. I would say there is no system yet which has found an adequate solution to the major drug addictions, mainly the heroin addictions. It is a matter which clearly involves psychodynamic treatment. It is the treatment of the male and female addicts. These are damaged personalities from day zero, and by the time they get to thirty years which means they have probably just lived twelve thousand days, these people are socially sick, because they need drugs to maintain their existence in society.



1 | MR. STEIN: You mean they were born with defects genetically? 2 3 DR. SCOTT: They were born 4 in trouble. I use these words in a general sense 5 of reference. That is people who are raised 6 in traumatic cold and emotional deprived 7 environments from day zero, from the first moment 8 that they can remember, which would be their 9 first year. 10 THE CHAIRMAN: Professor 11 Bertrand? 12 PROFESSOR BERTRAND: Yes, you 13 said at the start that there is a drug problem 14 in this city. 15 DR. SCOTT: I beg your 16 pardon? PROFESSOR BERTRAND: You said 17 at the beginning, I think, that there is a drug 18 problem in this city? 19 DR. SCOTT: Yes. 20 21 22 23 24 25 26 27 28 29





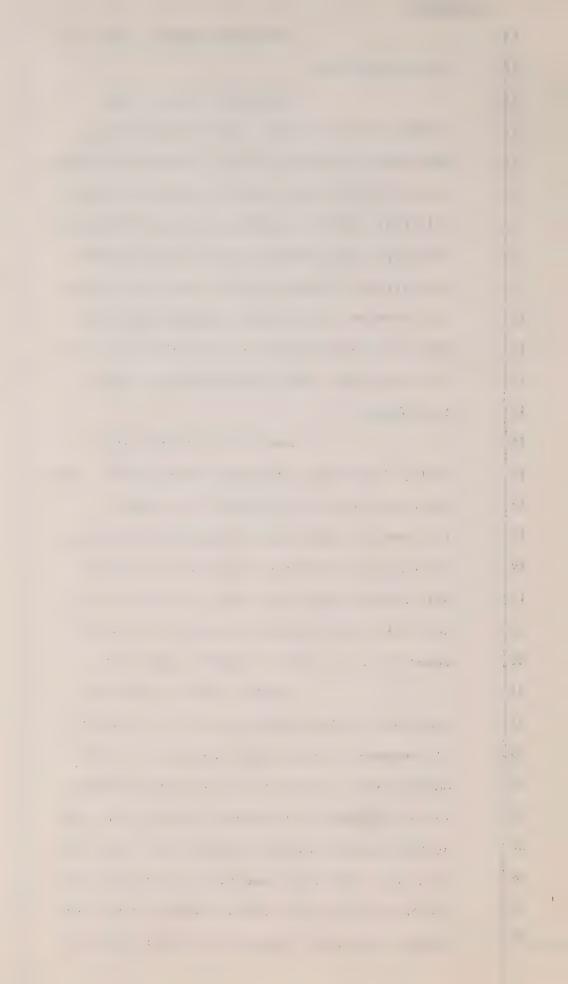
PROFESSOR BERTRAND: What do

you mean by that?

DR. SCOTT: Well, I have several points of view. I have the point of view a male, a father who has a number of children, who go to the schools, who associate with other children, I have my contacts in my professional capacity, and I have my contacts in a business capacity and the adolescents I see in my office, they give me a fairly good verbatim report of what is literally going on, that who is selling in grade eleven, who is getting their drugs, from where.

Mow this town gets drugs
mostly from Ottawa, sometimes from Toronto. Some
are coming in from the States. The lads
involved are maybe quite respectable university
students, or assumingly they are functioning
well and yet they figure they can make a fast
buck this way, because to them LSD is just an
experience, it is not a harmful experience.

And the one major problem
that many of the youngsters, and I use this in
all respects to anyone under educational years,
do not really realize how this confuses people
who are probably less stable than they are, and
so there seems no harm in saying "Well here, here
is a cap, let's have some fun. Let's hold hands
and let's all put our backs together in my room
tonight, and let's practice this great thing of



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getting to know our fellow human."

PROFESSOR BERTRAND: So to your understanding, the extent use of the drugs, you know in this city, would be quite a problem.

DR. SCOTT: I think so. I find this to be quite alarming, because as of three years ago I would have said this would be an absolute impossibility, and when I first was informed that two particular individuals in a responsible position in Belleville, were on drugs, they were teachers, and that there were several teachers who were involved in the same procedure, and it became quite alarming, but I didn't think it would happen in Kingston.

But I think that we are just the same type of people, and this afternoon or this morning, you want to go out and obtain whatever kind of LSD one wants, or whatever kind of MDA one wants, whatever kind of ordinary plain methamphetamine one wants.

PROFESSOR BERTRAND: When you speak of a problem, are you referring to the wide-spread use, or to the, what I see you are describing as alarming use of what you consider dangerous drugs? Is it widespread? Or dangerous?

DR. SCOTT: It is difficult to say whether it is dangerous, or just plain disturbing, and as a parent one doesn't look properly, and you are coloured by what you did as

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a kid at the same age.

The new experience is the appealing thing to most youngsters, and the appealing thing compared to the appealing thing is that sometimes their behaviour can be so disjointed through the altered relationship with reality that they become involved with people that they would otherwise not become involved with; their attitudes are changed because of some particular relationship that has been established, and it has a permanent effect on their general feeling of self-worth.

PROFESSOR BERTRAND: That probably would be described in terms of the effects of the drugs.

DR. SCOTT: Yes.

THE CHAIRMAN: Any questions or comments from anyone else here?

Thank you very much, Dr. Scott.

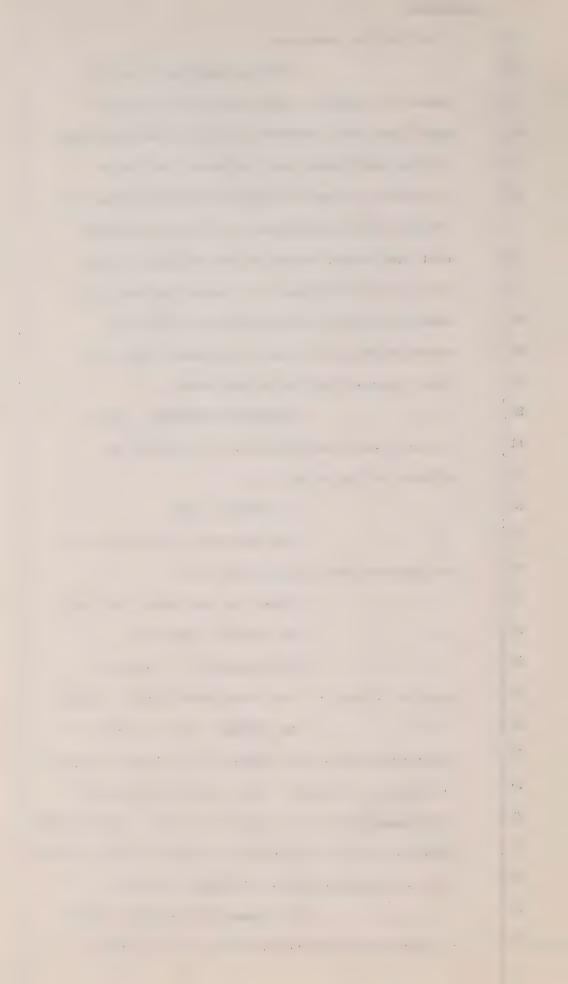
DR. SCOTT: Thank you.

THE CHAIRMAN: I call now

upon Mr. Fisher of the Inter Service Club Council.

MR. FISHER: This brief is submitted by the Inter Service Club Drug Committee of Kingston, Ontario. The Committee represents the Kiwanis Club of Kingston, Ontario, the Frontenac Rotary Club, the Lions Club of Kingston, the Kinsmen Club of Kingston and the Kingston Jaycees.

The Committee has been formed to investigate the non-medical use of drugs in



the Kingston area and to initiate steps for the elimination of this problem. The Committee members are from various professions and some have, or have had contact with users of illicit drugs.

All members have read the available literature on this subject from the Provincial and Federal government agencies and are reasonably familiar with the basic facts of the drug problem. The Committee is promoting an educational program aimed at parents, school teachers, and school children at primary and secondary levels. It is also enlisting as many other organizations as possible to assist in this project. Other avenues of action are also being investigated.

In the light of the information obtained by this Committee to date, we wish to make the following recommendations to the Commission, concerning the aspects of this problem which appear to us to be fundamental:

and secondary, should have at least one teacher who is qualified to lecture upon and give counsel about the drug problem. To this end, technical courses on the subject should be provided for teachers, by all educational authorities. This need is greatest, in our opinion, in the primary schools at which level children can be educated and made aware of the danger before they become active participants.

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2. The existing legislation on marijuana should be modified only with the greatest caution, and a strong deterrent should be maintained for all offences involving this drug except possibly for the first offence of personal usage which could be subject to a heavy fine only.

This could eliminate a criminal record for a first offence, as a user of marijuana, but for a second such offence and for every trafficking offence we urge that existing penalties continue to apply. We wish to stress that these suggestions regarding marijuana should not affect existing criminal legislation relating to any other drugs, which we feel must remain in force and possibly be made more stringent, specifically in relation to trafficking.

We suggest that extensive research be carried out on the long-term effects of this drug. However, in view of the physical co-ordination problems which it is generally acknowledged the user experiences after taking the drug, we feel that even if no psychological dependency is subsequently proven, the dangers involved in our automated society are such that its general use would involve users and non-users alike in great physical peril.

The problem of alcohol is often raised to confuse the issue of the legal-ization of marijuana. We wish to point out that

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alcohol is a problem that costs society untold misery and countless millions of dollars annually in social and medical services.

Unfortunately, its use has become so wide-spread over the centuries that its prohibition is virtually impossible, as we observed during the 1920's.

The legalization of marijuana will thus merely be providing society with another expensive social problem for which future generations will not thank us. To conclude this comparison, it seems to us that the appeal of alcohol and drugs is not equal for any given individual.

Therefore, although we agree that a person smoking marijuana will not necessarily expand his experience into the field of hard drugs, we feel that more people are likely to follow this path via marijuana than via alcohol.

Hence, we would assume that an increase in marijuana usage would automatically bring about an increase in hard drug addicts.

exercised by the medical profession in the issuing of prescriptions of amphetamines and and barbiturates/in the disposal of free advertising samples of these drugs.

In addition, all new patent medicines or new chemical substances being marketed should be stringently examined by

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B.PROUSE TREPORTING SERVICES

government agencies before marketing approval to prevent further widespread use of addictive substances.

The Food and Drug Act should be suitably amended to place any such dangerous chemical compounds or medicines automatically on the list of illegal substances.

THE CHAIRMAN: Mr. Fisher,

could you tell us a little bit about the

composition of Inter Service Club Council and

how its policy statement became developed

and approved?

MR. FISHER: The Service Club
Council was brought together, first of all, by
the Kiwanis Club of Kingston which was acting
in conjunction with a general policy of the
International Kiwanis Club, which have great
emphasis on the drug problem in North America
for the current project.

As a result of our investigation over the past six months or so, we thought that as an individual club we would not be able to achieve very much, because of the financial resources required, and consequently we thought that if we developed an Inter Service Club Council to look into the problem, we might be able to get considerably more action.

This was done about two or three months ago. And after stating the general aims, or laying down the constitution for the club

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1	We heard about this Commission through other
2	agencies, and decided that one of the first
3	things we had to do was to submit a brief on
4	the basis of the knowledge that we had gathered
5	to this date.
6	The representation on the
7	council is two members from each of the clubs
8	mentioned.
9	THE CHAIRMAN: Excuse me, I
10	want to hear that again.
11	The representation on the counci
12	is two members from
13	MR. FISHER: I beg your pardon?
14	THE CHAIRMAN: Two members
15	from each organization?
16	MR. FISHER: Two members from
17	each organization, yes.
18	THE CHAIRMAN: How are those
19	members elected, or appointed to your organization
20	MR.FISHER: They were appointed
21	from the Board of Directors from each organization,
22	and the brief was approved by each of the organ-
23	izations before it was submitted.
24	THE CHAIRMAN: It was approved
25	by the executive?
26	MR. FISHER: No, it was approved
27	by the body of each of the organizations.
28	THE CHAIRMAN: In a general
29	meeting?

MR. FISHER: In a general



meeting, yes.

THE CHAIRMAN: What do you contemplate is the ongoing function of this organization apart from the submission of your brief to this Commission? Is it contemplated to have community functions in relation to drug use?

MR. FISHER: As we indicated, we are investigating other avenues of action and one of -- two of the avenues are, first of all, the investigation with the local hospitals of the possibility of a change in the attitude and in the application of current rules towards the treatment of drug addiction.

As Dr. Briggs indicated
earlier this morning, many of the drug addicts
feel that they don't get sympathetic treatment
from the medical profession, and as a result I
think that many of them are rather cautious
about approaching the medical profession except
in certain cases.

Dr. Briggs is one, but we see it as sort of an empathy with them. I feel, and I think I speak for my organization in this, in order to obtain the correct treatment for the people who are on drug trips, it is necessary to have some sort of professional guidance available, and if necessary, some sort of professional supervision of the establishment in which this talking-down from trips is going to take place.

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In addition to that, we are also involved in an advertising campaign in the local press, television, and radio.

THE CHAIRMAN: What is the purpose of that kind of campaign?

MR.FISHER: The purpose of the campaign was largely to try to educate the public and to educate the children, if this is at all possible.

Once again, I understand that there is a certain -- or I have been told that there has been a certain reluctance on the part of adolescents especially to accept propaganda which is put out by groups composed of all the people, but at least the attempt has to be made.

THE CHAIRMAN: But what I

want to understand is by education, what kind of material, what kind of statements ---

MR. FISHER: Most of the material we have available is material which has been given to us by the Addiction Research Foundation of the Ontario Government and these pamphlets or brochures indicate the effects of the drug and also give both the user and non-user alike some indication of what can be the result.

MR. STEIN: You mentioned on the first page of your submission that the members are from various professions.

Do you presently have loss of communication with persons in the youth community?

MR.FISHER: It depends on what you mean by the youth community. We have communication with some of the organizations which are associated with youth. For instance we have had some contact with the Boys'Clubs Association, but so far as the adolescent groups which are on the drug scene, shall we say, these people don't particularly belong to any organization per se.

There was an organization in this city which existed in the latter part of 1969, which I understand has collapsed and we did have preliminary contacts with this organization.

MR. STEIN: What sort of a

group was this?

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MR. FISHER: It was a group which was organized by Mr. Mahoney, who is going to give a brief this afternoon, so consequently I don't want to enlarge too much upon this, but anyhow it was a group of young people who had been associated either actively or just on the fringes of that group.

that there should be a community organization of some kind to represent if possible -- to consider this whole question, develop community policy?

This seems to be what is suggested by you initially here. What do you feel about the general problem of representative character and associating all of the necessary experience ---

MR. FISHER:

I think that

it is necessary to get as many organizations involved in this as possible, because this basically is a community problem. The drug problem is not just something which has grown up of its own accord. There is mostly the element of business behind it, as Dr. Scott has pointed out, but in addition to that the reason why the young people are so anxious or so willing to accept the drugs is part and parcel of our general social picture, the fact that there is mainly a lack of communication in the home. In many cases, many of the children don't see their parents from eight o'clock in the morning until six o'clock at night due to the fact that

both parents are working. This is one

problem and there is also the problem of television

which once again inhibits conversation in the

home and so consequently cuts down on any sort of

communication between the two groups. And many

of these things, I think, have to be explored.

By contacting as many organizations as possible,

you will get this information across to as many

forms as possible, that they have to maintain

some sort of understanding with their children,

right through to adolescents.

THE CHAIRMAN: Are there any other questions or observations?

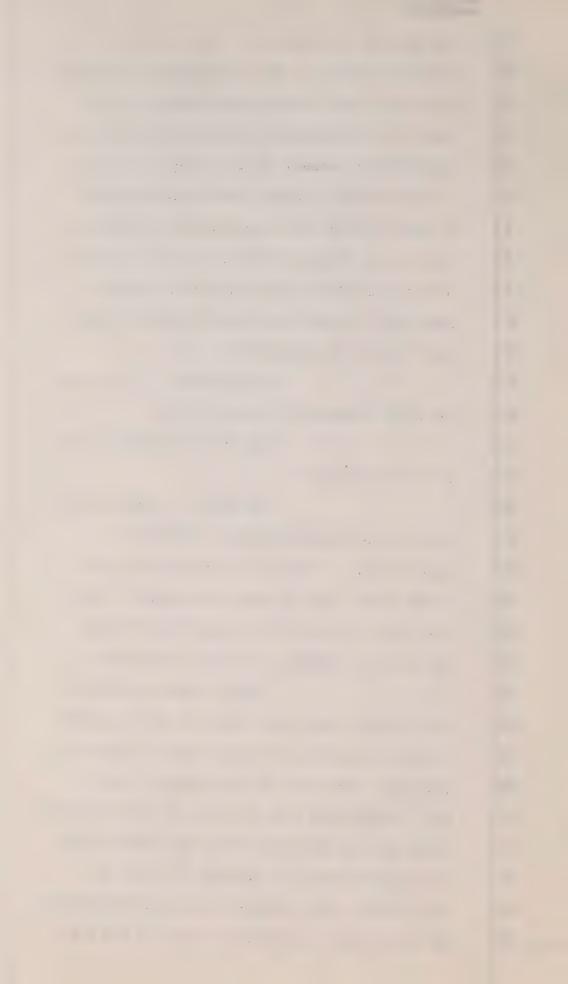
Yes, would you like to come to the microphone?

THE PUBLIC: What I have to say does not relate directly to what this person said. My name is Colin Turner and I feel that I have to speak out because I feel that a lot of what has been said this morning has been very alarming and very unrealistic.

that certain drugs, when taken by certain people in certain amounts, will cause very deleterious reactions, bad trips and that sort of thing.

But I think aside from this sort of thing, to bad trips through addiction, these were words which were tossed around all morning I think you must realize that probably the greatest proportion.

of drugs taken is perhaps not quite so bad and I



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think the reason people talk about addiction and talk about drugs, and the reason they talk about bad trips, is because what they feel is largely influenced by the media, and the media is much more interested in somebody shooting somebody else after taking LSD than a lot of good trips and a lot of satisfying experiences like smoking marijuana and that sort of thing.

And I think the problem of the organizations is that most of this information is second hand. It is information from government agencies and that sort of thing, and the parents get their information from these agencies and magazines and newspapers and probably when you talk to kids about drugs, is that they are probably -- parents don't really know much about it. They are not really experts and they don't go to talk to the kids, and these kids are experts. They have much better experience with drugs than the adults and they don't say that marijuana can lead to heroin -- they don't know because a lot of kids who have taken marijuana all find out it is a harmless drug, if taken in some ways, and a lot of them don't use LSD and heroin and things like that, and there is going to be a big credibility gap right from the start. what is needed is to be rational -- there has to be more research into each drug on the effects so that we can tell the kids what we have been

is probably not as bad as alcohol. I can speak from my experience now. I know kids who have been taking speed, LSD and things like that, but I know lots of high school kids and university people, medical students and non-medical students that take a drug like marijuana which is not differentiated from other drugs in the Narcotics Control Act.

The government thinks that marijuana is very dangerous, like morphine, like heroin and all these people take marijuana maybe once a week or less and that to experience the sensation, and a lot of them wonder what people are talking about when they talk about marijuana psychedelic visions and things like that. A lot of them just feel extremely relaxed; it feels like they have been drinking some beer, only they have not the unpleasant sensations the day after; people just wanting some sort of relaxation and not experiencing bad effects.

I think most parents,
government and enforcement branches are very lax
in this respect, and they perpetuate quite a
credibility gap. Thank you.

DR. FISHER: May I answer

to that, please?

THE CHAIRMAN: Yes.

DR. FISHER: In the first place

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you indicated that the kids know a lot more about it than we do. They are experts and we are not. I would like to differ there. In the first place I don't claim to be an expert and neither does anybody in this group, but we have at least read what experts say.

Now the experts do not say this about marijuana, they say that they don't know, and this is all that we have stated in the brief, that we should not make any change in marijuana until it is found out exactly what the long term results are.

As a matter of fact, some governments have had marijuana legalized; a number have changed the rules, and they have made it illegal, because they found that it produces a general lethargy in the population.

This is an actual fact.

Now with respect to its

psychological dependency, one of the promoters of the marijuana scene, Dr. Rhine, Professor Rhine, has indicated that he believes that one of the reasons for the large increase in addiction to heroin amongst high school students is due to the shortage of marijuana on the New York scene. So therefore if there is not a psychological dependency to this, why is it that kids go to heroin, which they know is physically dependent, or produces a physical dependency, instead of going to some other more

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harmless form of drug like alcohol, which is available, legally.

I am not putting out any brief for alcohol. I don't have a brief for any type of drug, because I think that any drug which is taken to the extent that it produces a dependency is destructive on human beings. Or what I try to do, and I think the majority of people in my group, are trying to do, is to ensure that this doesn't happen to the next generation. After all we have an interest in it, because our kids are involved.





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THE PUBLIC: As long as

people keep an open mind, I think the problems will be minimized .

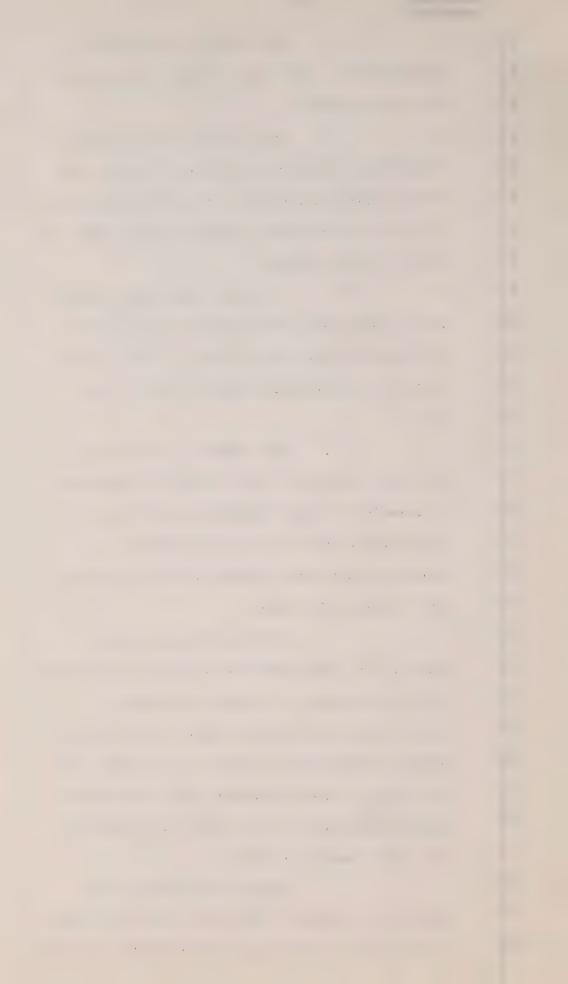
And I would like to pose a theoretical question to you now. I am not sure of the number of alcoholics there are in Ontario. I think it is 400,000 or something like that. It doesn't matter anyway.

If these people were replaced all by people who were addicted to drugs, would you consider that just as good, or just as bad as having the 400,000 alcoholics that we have now?

MR. FISHER: I deplore the fact that there are a given number of alcoholics in Ontario. It isn't anywhere near 400,000 incidentally, but it is a large number. It would be two or three percent of the population and I deplore this fact.

But why allowing drugs to come in, the drugs which are currently prohibited? You are not going to decrease the number of alcoholics, you are merely going to increase the number of dependents on drugs by the number who are going to become dependent upon the presently prohibited drugs, and the number of alcoholics will still remain the same.

You are not asking me the question of whether I would like one or the other, you are asking me the question of whether I would



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want to double the number of people that I have to support, and that you will have to support out of your tax money, whether you like it or not.

I disagree with you. There has been inadequate research in this field, but I think our alcoholics in the future will be our drug addicts, and I think there will be fewer alcoholics, because I think kids aren't hung up on alcohol like their parents, they are hung up on drugs, and I suggest you might just have the same problem.

It seems to be an addictive type of personality. In the past we took alcohol because it was available, and in the future it is going to be taking hard drugs.

So I don't think I agree with you when you say the problem is going to be doubled.

MR. FISHER: You may not agree with me. This is something that neither of us can state with any authority, because we just don't know, but the chances are that this is what would very likely happen.

You see, the point is that
the amount of sale of any particularitem is
going to depend upon the amount of advertising
and the alcohol industry has a tremendous
investment in its product, and under these circumstances has got a tremendous amount of capital
that can be put in to ensure that the amount of



alcoholics in our society remain at a constant level.

By the same token, and anybody that gets into the sales of the -- illegal sale of other drugs which are currently now prohibited, will also pour a tremendous amount of money into the sale of these drugs, in order to ensure that they make as much money as possible out of it, and, by the same token, produce a large number of addicts, and this would be true of marijuana if the cigarette companies decide, or get the right to produce it.

THE PUBLIC: I just say

to keep an open mind, especially about marijuana, that's all.

THE CHAIRMAN: Thank you.

Professor Bertrand?

PROFESSOR BERTRAND: I guess you started your comments by saying in your opinion in this city, or perhaps in this country, much of the use of the drug was to be taken more lightly than your speakers this morning seemed to take it.

I guess also you mentioned you felt it was taken for relaxation, pleasure.

So actually we are faced with on the one hand, the opinion of people who say there is a drug problem, a probe into this problem, and then on the other hand I guess you would say the greatest part of the users, of the problem



users and their drug use problem; am I right?

THE PUBLIC: Yes.

PROFESSOR BERTRAND: Now, if

you feel -- what do you feel is the extent of

use, the pattern of use whatever you know,

what part of addiction among, let's say, the

young users and the not so young, would have in

the drug problem?

THE PUBLIC: Well, I can't answer you on these things. I don't have any hard statistics, but there is a drug problem, definitely.

But we have got to remember that the problem isn't necessarily caused by the drug. The problem I think is caused by many other things.

I think, it is a weird thing that anybody buys it -- it costs ten dollars -- it would give some weird effect, and if there weren't any drugs around, he would probably do that today, because society is changing people so much, that they need something. It is just that drugs are here.

About the extent of the drug problem, I really can't answer that question. All I can say is that we tend to think in terms of drug problem because we see the bad effects, we see -- statistics see a certain number of kids in hospitals that have gone on to heroin, and then they are able to see that 80 percent of





those kids took marijuana before they took heroin.

But they have got to remember also that 90 percent of them took alcohol, so does alcohol cause people to take heroin by those statistics?

And I think the epidemiological survey of drug use in general, we have to find out how many people use drugs that do not constitute a problem.

I can't answer your question.

THE CHAIRMAN: What should

our general attitude towards the non-medical drug use be?

THE PUBLIC: I think our general attitude should be as rational as possible, and we should encourage and finance unbiased epidemiological surveys to find our what proportion of drug use is a problem, and what proportion isn't.

THE CHAIRMAN: Well, I know, but apart from our approach, apart from our methods of inquiry, apart from getting at the facts, assuming the existence of non-medical drug use, and assuming its use by a significant proportion today, what is to be our attitude towards it in terms of social response in society?

I am not referring specifically to law, I am referring specifically to education.

What is to be our attitude? Are we to be



indifferent about it; are we to make distinctions about it? What is to be our general attitude, our general concern?

THE PUBLIC: At this stage,
when we don't know very much we should be very
concerned, and interested, but when we know more
about it we should be concerned about those who
are presenting problems in non-medical drug use,
and those that do not present problems, those
that can live pretty good lives with the nonmedical use of drugs should be left to do so.

THE CHAIRMAN: What is your concept of the problem?

I am not speaking now of the extent of the use; I am speaking just in the context of your last remark.

What is your conception of a problem in the individual non-medical use of drugs? What kind of a problem are we talking about?

THE PUBLIC: As I say, the problem is the person who cannot live a happy and rewarding life.

 $$\operatorname{\textsc{THE}}$ CHAIRMAN: Cannot live a happy and rewarding life.

THE PUBLIC: Happy and rewarding life.

mean by rewarding life? What do you

THE PUBLIC: That is very



hard to define. I think you would have to forget about rewarding and say a happy life.

THE CHAIRMAN: So when does drug use become a problem in terms of leading a happy life.

THE PUBLIC: I think that

most kids who have problems with drugs, they

might be happy during the time

they are taking drugs, but from what I have seen,

they go into terrible periods of depression, and

get very anguished, and -- this wouldn't come

under my definition of happy.

THE CHAIRMAN: Do I understand you to say that your conception of drug use -- of when non-medical drug use becomes a problem, is that it becomes a problem when it interferes with a happy and rewarding life?

THE PUBLIC: I think so, because people are unhappy, and when people don't feel that -- when I say people aren't happy, they tend to be less normal, and tend not to do things to make their life rewarding.

I think it is all a question

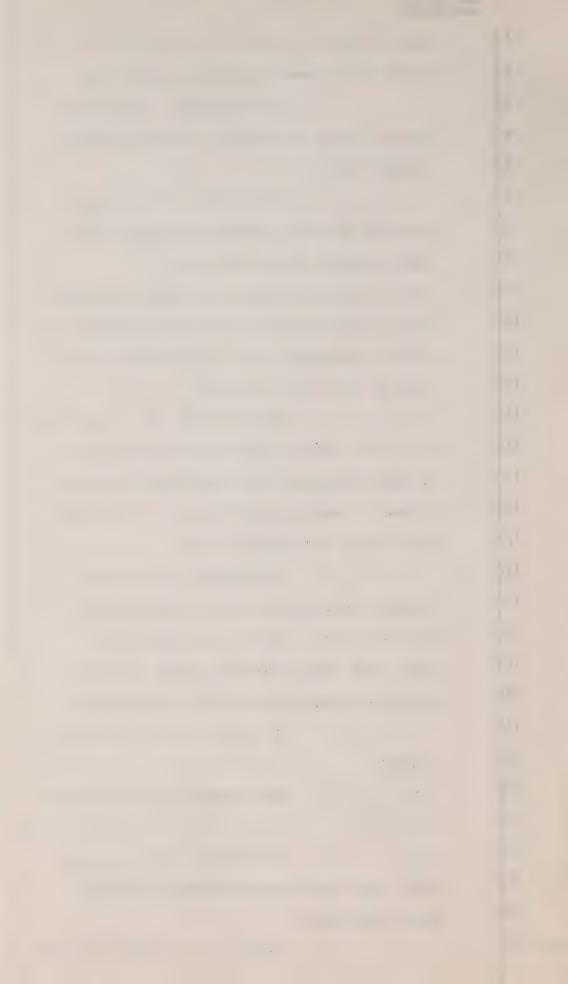
of mood.

THE CHAIRMAN: All a question

of ---

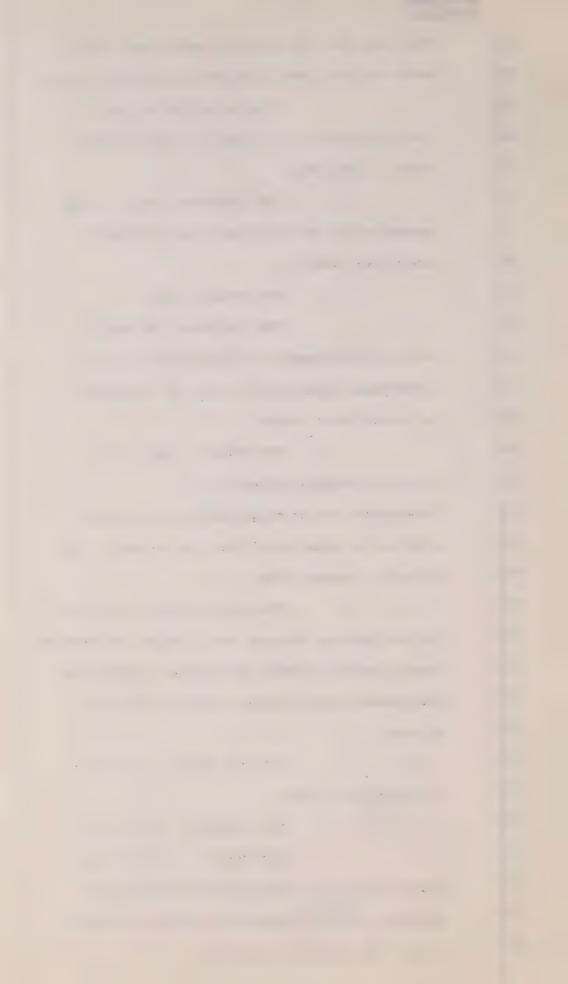
THE PUBLIC: Mood. Happiness means a good mood, motivated mood, Unhappy means unmotivated.

People go into certain periods



1 when they are not very well motivated, their 2 moods are low, and it becomes a problem to them. 3 This -- my definition is 4 really simplistic. I haven't really thought 5 about it that much. 6 THE CHAIRMAN: This is the 7 determination of a problem looking at each 8 individual case? 9 THE PUBLIC: Yes. 10 THE CHAIRMAN: Do you have 11 any attitude towards non-medical drug use as 12 a phenomena generally in terms to its effect 13 on society as a whole? 14 THE PUBLIC: Yes, I do. I 15 think our society pushes us to 16 non-medical use of drugs because it presents 17 a series of stimuli all the time we don't like, 18 we want to escape from. 19 The only problem I could see 20 is that perhaps drug use could become so prevalent 21 people wouldn't bother in changing society, and 22 that perhaps could be the greatest danger in 23 my mind. 24 But then again, we have to 25 do research on this. 26 THE CHAIRMAN: Thank you. 27 THE PUBLIC: I think what I 28 have to say is, I just want to know in what each of 29 capacity were/the Commission members appointed 30

other than concerned citizens.





I have heard you refer to

Mr. Campbell as "Dean" Campbell, and Mademoiselle

Bertrand as Professor Bertrand.

I am interested in their particular expertise.

a party, of course, to the discussion which led to the appointment of the various members of the Commission, and I am not sure to the extent to which the expertise, or the presumed expertise of the individual members was a consideration, but as a matter of fact, Dean Campbell is Dean of Arts and Science at Sir George Williams
University, and formerly Dean of Arts at Bishops and sociologist.

Dr. Heniz Lehmann, who was unable to be here today, is a clinical psychiatrist a clinical director of Saint Michaels Hospital in Montreal.

You made reference to me; my background is in law.

Professor Bertrand is a criminologist and Mr. Stein is a social worker with a great deal of experience with the correction service and probation and also youth work.

I suppose it is of some help
to have these varied backgrounds, but personally
I would like to think that we were appointed as
citizens who would look at this question with an
open mind, and I think we are as conscious -- we

have to be conscious of what might be our own professional bias, or our own presumed expertise.

I am going a little bit
beyond what you -- but I am attempting to perhaps
answer what I am assuming may be behind ---

PROFESSOR BERTRAND: Are you concerned about the absence of some persons you would like to see?

THE PUBLIC: No. I would like to maybe perhaps canvas your opinion individually as to what you think of the role of the Commission, and what weight the Commission report might have on any future legislation, because I am very concerned. I think I am fairly well versed in the United States legislation regarding drug laws, and how it came about, and I find there is more misinformation than anything else, and I wonder -- I was just very curious on how you regard this.



1 THE CHAIRMAN: Well, we can't 2 make any prediction as to that. Quite frankly 3 I don't think it would make too much of a 4 consideration. We have to inquire and make 5 recommendations, to inquire into the social 6 significance of the phenomenon, and what to do 7 alone or with other governments and in the 8 exact words of our terms of reference, "to reduce 9 the dimensions of the problem" and we are an 10 independent Commission and we examine our own 11 terms of reference in terms of how we think 12 they should be interpreted and we don't know 13 whether people agree with the aspect in which 14 we place this problem and we can't think 15 in terms of political expediency. But we have 16 taken a bit upon ourselves to try to develop 17 a discussion of this issue, because we feel 18 that it is important as a means of informing 19 ourselves to get these views in a kind of 20 public forumbecause we do feel that attitudes 21 are one of the very important social facts, 22 the facts of effect and extent on motivation, 23 but the attitudes themselves, the perception of 24 problems like this, are among the social factors 25 related to the phenomena in terms of our terms 26 of reference. So in the purpose of our 27 inquiry there is no doubt that public opinion 28 has had and contributed to our inquiry but we 29 don't know what is going to be done with that. 30 We are doing our best to do our own job and to

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provide -- hopefully we will be getting out our report.

Yes, there is a gentleman at the microphone?

THE PUBLIC: I would just like to make a few comments on my own, not necessarily in connection with any of the previous comments.

About the aspect of marijuana, one thing that really bothers me is when the laws were made against marijuana, I think, back in 1937 or so. These laws were not based on any scientific evidence, as far as I can see, but they were based on more or less myth and supposition, and perhaps I think this is a bad situation when this sort of thing happens.

Now, I realize that scientific evidence is not the only factor that should be taken into account when we are considering changing laws or making regulations concerning this, but I think it is the major one to form a basis concerning regulations, rather than relying on your emotions further than that.

Another thing I would like
to say is, that as far as the situation now
concerning marijuana, it seems to me that it is
unreasonable to expect that only people who
--that there are only a few people who are
using these drugs. I think it is used to a
certain extent by professional people, and people

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in the older generation, and it bothers me that you never hear in the papers about these people being arrested. It is only the young people.

Now I think that shows something that is not good.

Another thing is, it seems to me that the whole question is not being approached really by people in an open-minded way, because for instance something that happened in this city about two weeks ago, at a public school, the children were sent home who petitioned against the legalization of marijuana and I think this is really bad. And I think this is bad if all of the parents -- and my kid brought home a petition from the school against the legalization of manijuana, because to a certain extent you feel obligated to sign this, even if you don't know anything about it or have feelings one way or another. And it seems to me that this is indicative of a general feeling of concern They feel that most people are polarized. strongly about it, and in this way they let their emotions control what they are thinking about in an irrational way. And I have a question about the use of marijuana pertaining to the use of harder drugs because I think as far as statistics go, there is something like 60% of heroin users have used marijuana but 30% have used alcohol before, so there is a parallel

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very much.

article in the December issue of the Scientific

American and it said a person who was writing

Now I was reading an

this article on marijuana said that there was no pcientific evidence to show that the use of marijuana will necessarily lead to the use of harder drugs.

THE CHAIRMAN: Thank you

We call now upon Mr. Stuart Ryan of the Faculty of Law.

MR.RYAN: Mr. Chairman,

I don't think I am going to tell the members of
the Commission anything, at least very much
that they don't already know, but I would like
to emphasise some features of the patterns of
drug use and the development in this country.

The first is that we are not an isolated community, that the new patterns of drug use that we see in Canada are part of a movement that is sweeping throughout Western society.

I had the opportunity of observing this in progress for one year when I was in Britain between 1967 and 1968 when I was able to meet a large number of people who are engaged in studying and attempting to deal with a large number of drug problems, including members of the Metropolitan Police, the Municipal

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Health, scientific and medical experts on drug dependency and members of society such as the Association for Prevention of Addiction, working under the leadership of Father Kenneth Leach, and Mr. Jeffrey Worthington and meeting a number of drug users and also to contact other drug users in Britain.

I was able to see that the movement going on there was simply a development that was going on through Western Europe and I think as a matter of fact, behind the Iron Curtain as well, and of course it is already known what the upsurge in the use of various is drugs/that has occurred in the United States. So it was inevitable, particularly in view of the much greater mobility of young Canadians, as has occurred in the last decade, when you find it spread through Asia and parts of Africa and North America, it was inevitable that this pattern would be reflected in the changes in drug use in this country. And what I saw in Britain in the year that I was there, is now apparently being repeated here, and many similar movements are going on, and other references made by the last speaker to the fact that older people are no doubt using marijuana as well as other drugs, I have no doubt that he is correct, nevertheless in a large measure this is a phenomena of young people.

The drug problem that

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developed in Britain between 1955 and the present time is very largely, we find, at least in origin, to the young people who are of the age of thirteen and fourteen, and begin using amphetamines and often barbiturates. Then perhaps before they leave school they are smoking marijuana.

Now, some of them do indeed go on to use heroin and in fact the combined use of drugs what is called multiple drug abuse, is a characteristic of this drug culture. theory that young people will use marijuana and don't use other drugs, does not seem to be borne out by the studies that have been made. Certainly it has not been borne out in my experience in Britain and a recent survey that I had mentioned to me, only last Saturday, which I haven't seen published, was conducted in California and apparently shows that marijuana is used considerably there by older people and the people who use it most also use tobacco and alcohol and that is characteristic of the British scene as well.

Now, the fact that this is
a widespread social phenomena and not on any particular
pattern of individuals, I think creates a problem
which is nominal in drug use in this country at
any rate, in our time. The last speaker's
reference to the petition brought from school
reminds me of the days when I was in public
school from 1916 to 1919, when we all belonged to

the Loyal Temperance League and we were shown pictures of cirrlosed liver and all things like this, and we all laughed later of course, because this was very very funny. But now, of course, we if know it is true, and/the incidents of alcoholism in any country could be measured by a formula which has relation to the number of deaths from cirrlosis. We also know, however, that the efforts to eliminate the use of alcohol by prohibition not only in the United States, but also in this province, failed dismally and when this occurred, because a very large part of the influential elements of society simply refused to give up the use of the drug.

And I think we can see from that experience an indication of what is going to happen in this country as well as elsewhere in relation to some of these drugs, particularly marijuana.

In my opinion, the use of marijuana has become so common, particularly among the younger people, not only generally, but in the influential social groups, that these people are going to continue to regard marijuana when they are exercising political power in a manner similar to that which they now regard it, as a relatively harmless—at any rate, less harmful than alcohol and tobacco.

I don't know if it is harmless or not, but I know all available evidence

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has for far failed to prove that it is harmful. It may be harmful, but also all available evidence shows that alcohol is a very harmful drug, and all available evidence also shows that tobacco is a very harmful drug, yet it is not considered too feasible to eliminate the use of these by prohibition and it is my submission that it will not prove feasible to eliminate the use of marijuana by the measures that we have adopted. My further submission is that the continuation of these measures will extend development which has already taken place, and that is among an increasinly large and increasingly influential segment of the population; the law and enforcement for it is being seen in contempt; and as a person who is in contact with students and young people constantly, and also, I might say, of parents of a number of them who get into trouble, I find that this phenomenon is already occurring. But the R.C.M.P. who are charged with the administration of the Narcotic Control Act, and who are only doing their duty are now regarded with hostility and in many cases contempt by what I believe are increasingly influential groups in our population.

And I think that this
movement will go on if we require the R.C.M. Police
to enforce the marijuana laws any further and they
will become relatively ineffective to the sentiment
that has developed against them.

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For this reason I suggest that we have to look at our policy with regard to marijuana, as with regard to all other drugs, from a very cold blooded realistic point of view.

We have to ask ourselves,
what is the social good we think we are attaining,
by prohibiting the possession of marijuana? And
we have to ask ourselves conversely, what is the
social harm that we are creating by the machinery,
the operation of the machinery, which we have
set up to enforce that law?

My submission is that the social harm we are now creating and will create by maintaining the present law, will be far greater than any other social good we can hope to gain if we could prevent the use of the drug.

Now I don't think we can prevent it effectively. I think it will be agreed by all, that whereas if we know that the number of arrests and convictions for the use of marijuana, for trafficking in marijuana, have grown astronomically. They bear no relation whatsoever to the extended use of the drug. I can't tell you how much use there is in Kingston; I don't know who can.

But it is rather interesting, and I think Dr. Briggs mentioned earlier today, he hasn't any experience in his clinic of young people who have had bad effects from marijuana.

The same seems to be true

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with the Queen's Health Service, as I have learned.

And yet, all estimates that

I have been able to obtain from students and

others, suggest that at least half of the

students at this university are using marijuana
occasionally.

I can't verify this. There are no facts to support it, that I know of.

The Alcohol Addiction Research Foundation of Ontario has refused grants for further surveys by universities. They take the position at the last meeting, that the surveys of St. Ignatius College, of which I think you have reports, states a pattern of reasonable modification and accurate representation of extended use of drugs in the universities. I can't vouch for this, I can't tell you what use there is, I can suggest a figure that has been stated to me by a number of students, and that is about 50 percent are using marijuana.

Among the younger students,

I am not sure what information you have received,
but amongst young people, where the students are
under high school age, there is
information that there is more use of acid than
among university students.

Whether this has been verified -
I don't know how it could be verified, but we
understand that a very young person being intro-

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duced into drugs is more inclined to experiment and to try multiple drug abuse and particularly acid and speed.

And perhaps on becoming older, he becomes stabilized, and perhaps sticks to marijuana and alcohol, and tobacco. I can't vouch for this, but this is what is suggested as the pattern.

But the basic submission I would make is that we are defeating our own purpose in treating marijuana as an equivallent to a narcotic.

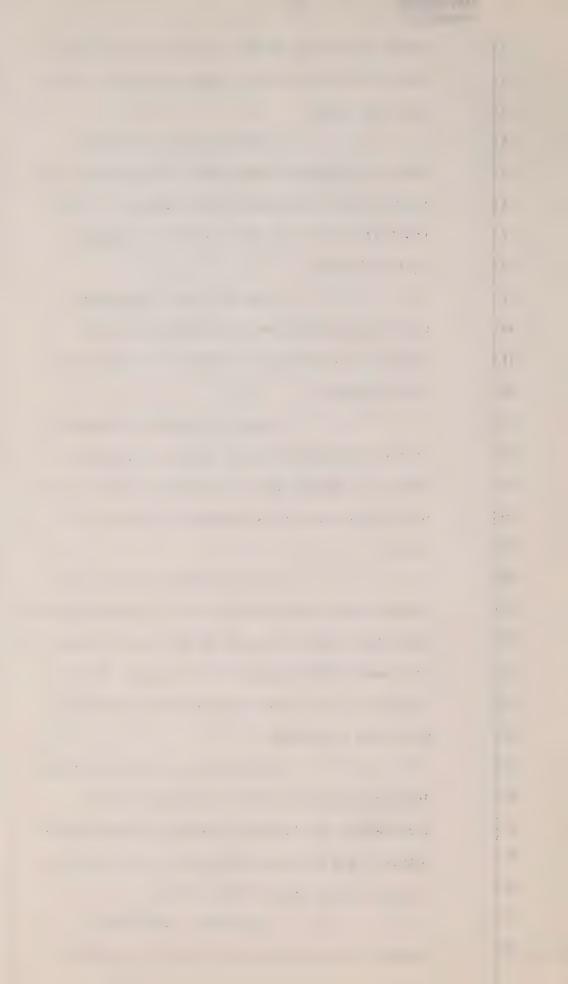
Now, of course, all members of the Commission know it is not a narcotic, but it is treated as if it were for the purposes of the law, and it is therefore classed with heroin.

Now in Britain, and in the
United States and in Puerto Rico, three countries,
there has been a tendency on the part of some
marijuana users to move on to heroin. This is
not proof that there is a necessary sequence,
marijuana to heroin.

But in the United States both drugs are equally illegal, so there is an association of illegality between the marijuana culture, and the heroin culture, which may have a significance here, I don't know.

In Britain, marijuana is illegal, but heroin can be legally obtained if

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you are registered as an addict, and are put on the register of one of the sixteen or eighteen clinics.

And I may say they give out
heroin with what I gather to be a very reckless
generosity. But it would seem therefore
appropriate to move from an illegal drug, to
a legal one, where heroin is legal.

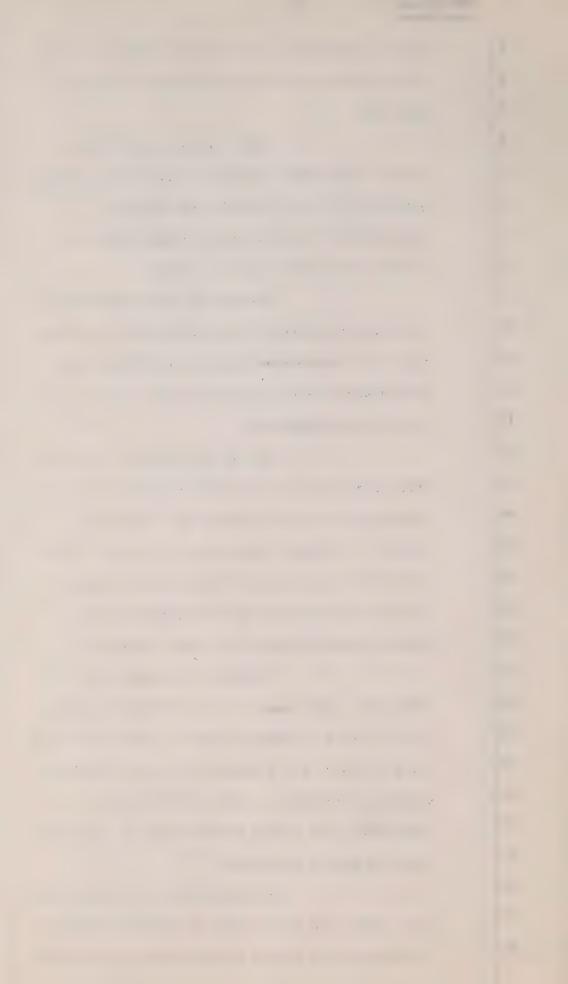
Whether this has any relationship, any reference to this sequence, that does
occur, and which some young people in Britain
at the age of about sixteen, I don't know. But
it has been suggested.

Now up to last year, up until
1968, there was not very much evidence in
Canada of the use of heroin by the young
people. I believe there were only about thirtyone known to be users of heroin under twenty,
as far as the records of the Department of
National Health and Welfare were concerned.

other day that there is a considerable uprise in this group of heroin users in Vancouver during the year 1969, and I suggest that the Committee might be interested — and will note this phenomenon, and notice whether this is connected with the use of marijuana.

My suggestion is, if marijuana were legal, and heroin not, it might be possible to separate the heroin culture from the marijuana

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culture, and I can produce no data to support this, except the belief that if young people could obtain marijuana the way they can alcohol and tobacco, they would more likely be satisfied with it, than when they have to go on the black market for it, a black market that also affords heroin.

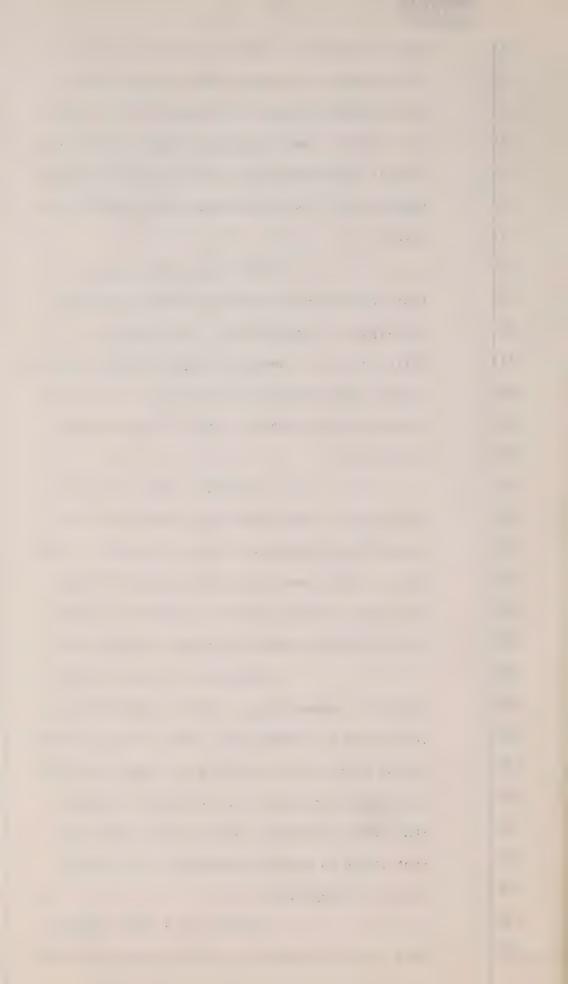
Dr. Briggs also mentioned that heroin users can go to Toronto because of the supply. That is true. But there is believed to be a source of supply here in Kingston I can't vouch for it; I just hear it. And it is believed that there is a small group of heroin users here.

As far as I know, they are older people, they are mostly people who have become heroin users as relatively adults. They are not young people who have graduated from marijuana to heroin, but nevertheless the drug is sold in the same black market as marijuana.

The same is true of cocaine.

Cocaine is apparently — had been apparently introduced to cocaine last year, and any seizure of any part of it occurred a few weeks ago, and Dr. Briggs mentioned that he had a few people that were on cocaine, and the word I hear is that there is cocaine available on the black market in Kingston.

Now this is a very dangerous drug, and as the members of the Commission know





and there is a tendency now in Britain as well as in the United States to use cocaine and heroin together.

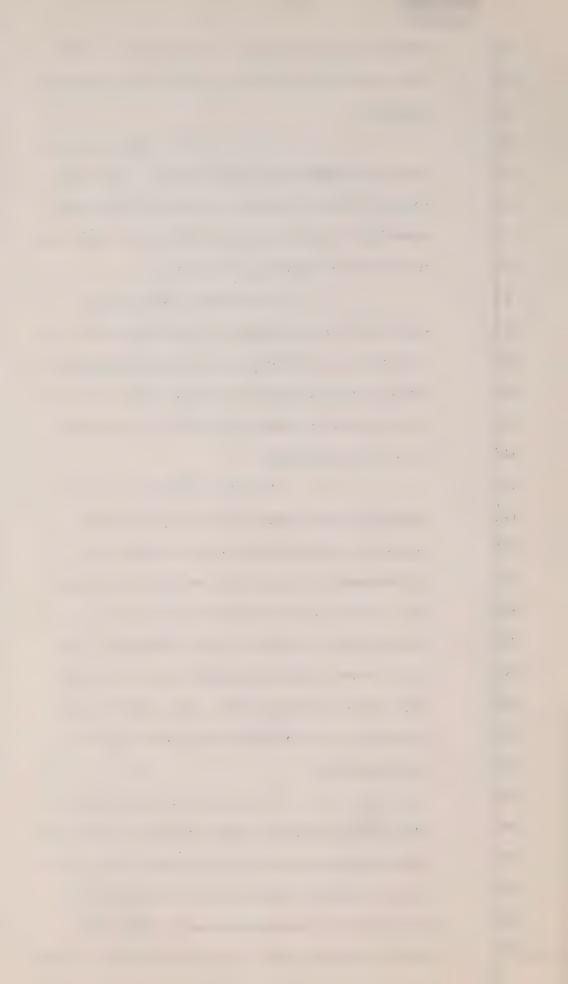
As a matter of fact, cocaine, heroin and speed are used together. They tell me that this is the real ultimate, if you want something that will give you absolute stimulation and absolute euphoria, that was it.

What else it does to you, I would be afraid to guess. But if we could, as I suggest, by making marijuana legal, separate the use of marijuana and the marijuana culture from the use of these other drugs, I think we would gain something.

And this leads me to the suggestion that speed and the amphetamines generally, and barbiturates generally, are not adequately controlled. We treat marijuana as if it were a very dangerous drug, and it has not been proved to be very dangerous. We do not treat amphetamines and barbiturates as very dangerous drugs, and I don't need to tell the members of the Commission that they are very dangerous.

Now this is a surprising thing.

I have discovered that many members of the medical profession are ignorant of the fact that you can become "hooked" on barbiturates, and they buy the prescribed barbiturates as if they were harmless tranquilizers, or as the Commission knows



they are very dangerous drugs.

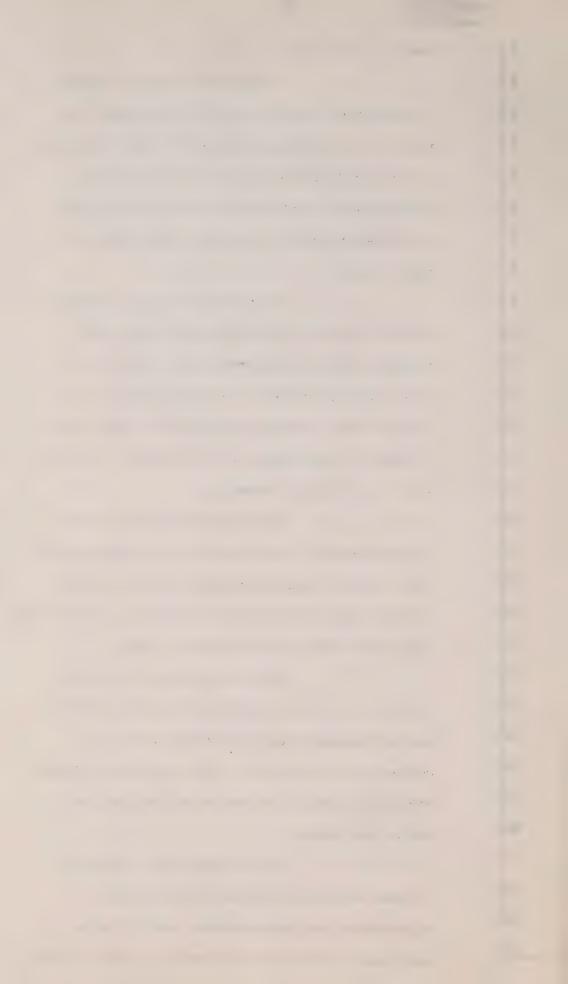
I mentioned this to a member of the Queen's staff, less than two weeks ago, and he was astonished, in fact he didn't believe it. He said he had never met it clinically in his experience, but how was he to know how many of his patients are sitting at home hooked on barbiturates.

He never will know, probably, and yet they are. We can believe that there are ten times as many barbiturate addicts in this country, as there are heroin addicts, but they are very carefully concealed at home, most of them, or else they are in different situations and it just doesn't show up.

The same thing with the use of amphetamines. We know this is a very dangerous drug, we know that it is being used by people in high social and economic positions, professional people and others, but it doesn't show.

But of course, it is legal to have it, legal to have barbiturates. People who are dependent on these drugs are not as common in this horizon or the landscape as people who are on heroin, or the young innocents who are on marijuana.

So my respectful submission is that we should be more concerned with amphetamines and barbiturates, and separate the marijuana culture from the heroin, cocaine, speed



and so on, culture.

Bertrand?

I am just wondering,

THE CHAIRMAN: Professor

Professor Ryan, we are due to go to the university at 12:30. Apparently there is some lunch laid for us close by at the moment, and I am wondering if it would be inconveniencing you too much if you could return this afternoon at 2:30.

MR. RYAN: 2:30? I could be

here.

THE CHAIRMAN: I think we

have a lot of questions of you, and we would like to question you as fully as possible on your experience and judgment.

Would it be possible?

MR. RYAN: Yes.

THE CHAIRMAN: Thank you

very much.

Before we adjourn this

morning, I wonder is Dr. George Scott present?

Excuse me, Dr. Laverty?

Dr. Laverty, there was

some misunderstanding of the scheduledtime of your submission this morning, and so we will proceed the way we did I am wondering if it would be at all convenient for you to return this afternoon?

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DR. LAVERTY: By all means. THE CHAIRMAN: Thank you very much. We will adjourn now, and we will be at Queen's University, Grant Hall, from 12:30 until 2, and we will return at 2:30. Upon adjourning at 12:15 P.M.

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--- Upon commencing at 2:35 p.m.

situation in England and in Europe.

THE CHAIRMAN: We will resume our hearing now. We apologize for keeping you waiting, but it went a little bit longer than we had planned. I would like to continue now on the questions for Professor Ryan. You will recall that Professor Ryan told us this morning that he had made some investigation of the

MR. RYAN: I wasn't in

Europe myself, but all I know about Europe is

what I have heard second or third hand.

MR.STEIN: Could you give us an indication of your evaluation or knowledge of the legal and medical treatment of the phenomena now in England. What do you know about it?

MR. RYAN: The British
medical profession of course still uses heroin
therapeutically. I believe it may be the
only nation in the civilized world that still
does. But nevertheless, they do, and they
regard it as a very valuable drug. They refuse
to give it up. Some members of the profession
in recent years were notorious for abusing the
privilege which the physician had, until 1968,
of prescribing heroin for the treatment of
addicts for their addiction, and they were
grossly over-prescribing with the result that
they were not only not succeeding in their

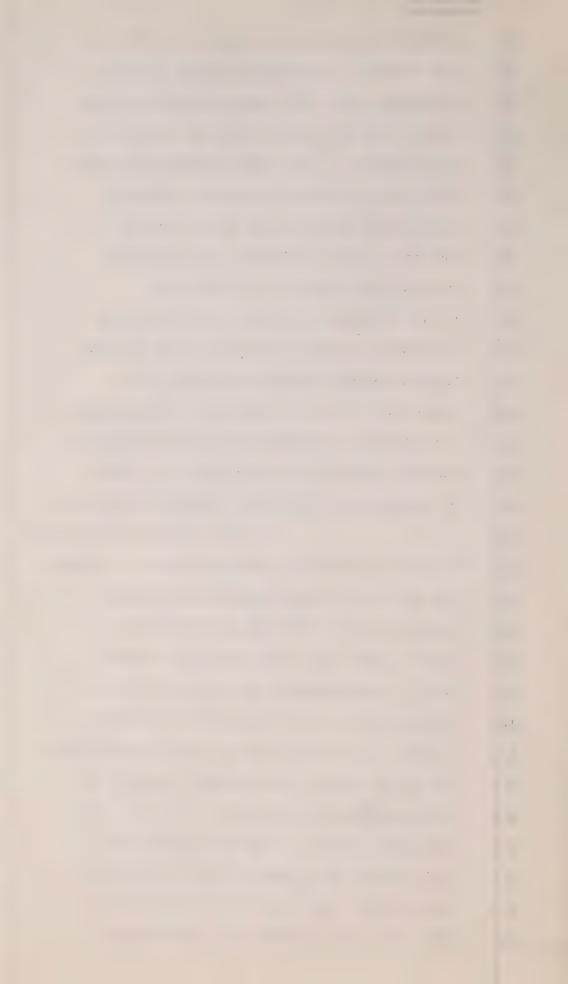
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professed policy of stabilizing the addict and then reducing the dosage by a sort of weaning process but they were creating surpluses where addicts were able to give away or sell on the black market. As a result, following studies which really startled the British, because they had had no idea until around 1966 of the actual amount of heroin used in Britain, and they became aware of the fact that it was increasing at a very rapid rate, they introduced a change in policy in 1968 by which the private physician was deprived of the authority to prescribe heroin for this purpose and authority was confined only to psychiatrists and other physicians on the staff of a number of clinics all of which are attached to hospitals.

I interviewed the psychiatrists in charge of the St. Clements Hospital in the east end, and Cherry Cross Hospital. And at that hospital I didn't meet the psychiatrists, I met the nurses and I met some of the nurses from the Maxie Hospital and I found out what had been done at the clinics and I find that in order to be registered, you must establish that you are an addict, which normally requires that a you have/medical examination and blood analysis. You have to have the stuff in you, so to speak, before they believe you, and then they will ask you how much you need. And I must say there is a surprisingly



as to what I regarded was a naive tendency to regard the addicts as -- some of them were getting as much as ten or fifteen grains a day, which were not uncommon doses. And also you could get cocaine and methedrine on prescription in the same way, and I met one addict who had prescriptions for three drugs and was taking them together.

I find this is not common, but there were quite a number who had been given methodrine and heroin on prescription, or cocaine and heroin on prescription.

The number of heroin addicts was climbing constantly while I was there, and after I left the number known to be registered on heroin was,I believe,two thousand, probably now in the area of twenty-five hundred. But estimates of the number of people using heroin in Britain varied from perhaps twice as many as there were registered and up to four times as many as were registered.

from the Minister of Health and this was only
possibly through one of the Metropolitan Police
which was about twice as many. There were
a number of other registered drug users of course,
who were obtaining drugs from clinics, but there
was a very large body of drug users who were
obtaining their drugs illegally. There was a
black market in heroin when I left. The



1 price was low compared to the price in this 2 country. It was never higher than thirty 3 shillings a grain while I was there, whereas normally twenty-five cents a grain. The 4 heroin which was on the balck market was fairly 5 pure and was believed to come mostly from 6 legal sources. I didn't believe this. 7 I still don't believe this, and in fact 8 there was several (unintelligible) of World War I, 9 which I believe was Asiatic and there was some 10 11 evidence of smuggling from France. But the 12 price was so low, that very much smuggling by large syndicates would not be profitable, 13 that even making allowances for these 14 appearances of apparently smuggled heroin 15 16 it was clear that a very large part of this heroin on the black market in England was from 17 over-prescription. Even now the psychiatrists 18 or people in charge of the clinics are 19 over-prescribing what I thought grossly, while 20 I was there. And in London and in 21 what they call provincial towns, are producing 22 evidence of large pockets of heroin users of whose 23 existence no suspicion had previously existed. 24 For example, in 1967, a survey was made 25 in (Carlingtown), there was about sixty heroin 26 users and another survey in (Luten) produced a 27 fair number and it was evident while I was there 28 that heroin abuse was spreading throughout Britain. 29 And the number of heroin abusers was increasing at 30



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a very rapid rate. The incidents of abuse of heroin among young women under twenty was much higher than you would expect, and much higher than it has ever been here. It was around twenty-five to 30% of all heroin users.

The pattern that I mentioned this morning was that the young person who would normally take up heroin about a year after he left school, so he would be about sixteen. Now there were heroin users who were not fully addicted and there were some who were using heroin maybe once or twice a week and would not become hooked to the extent of requiring daily dosage, but others were quite fully addicted and they were quite plainly seen for example at Piccadilly Circus and particularly I might say in the men's washrooms of the tube stations, where many of them spend their time or around booths, twenty-four hour chemists, where they would be there just before midnight to get their prescription.

THE CHAIRMAN: Excuse me,

Dr. Ryan. I want to understand the meaning

of your reference to booths. How would they

get their prescription?

MR. RYAN: The prescription is given by the clinic and it is for a week's supply, but it is filled daily. It is given to a chemist. Not all chemists will fill prescriptions, but most of them will, and the

charge now, I think is two and six for each prescription. Otherwise it is on the national health, but you have to get your supply every day, so that you are lined up at 11:59 waiting for the time until you can get tomorrow's supply, and these booth's, twenty-four hour chemists is one of the places that are distributing.

The abuse of other drugs, particularly barbiturates and amphetamines is very widespread. As I mentioned earlier it seems to begin earlier in life than the use of heroin and the use of marijuana begins among many people first at the age of thirteen or fourteen, when they are still in school. There are large groups of people in Britain who are living hard and many of them are constant users of heroin — not heroin, I am sorry, amphetamines and barbiturates and then after they have been on those for a year or so, they turn to marijuana. Then they use marijuana along with one of the other drugs.

But many of them are also using alcohol to excess. The theory that you have a drug culture and an alcohol culture does not seem to be fully borne out in Britain although there are many stories told of the boy being on heroin and despising the old man who is an alcoholic and vise versa. But it is a multi drug culture and the number of deaths

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have occurred which have shown on autopsy, that cause of death was gross overdosage of several drugs, in one case five drugs.

The average age of death of a heroin user in Britain has gone down from twenty-eight to twenty-four, when I was there, and the general impression that I had was that the British were engaged in almost panic measures, which were not really beginning to cope with the problem either of heroin, or other drugs.

I may say, that the source of supply of amphetamines and barbiturates was largely from theft from legal sources, although there was some evidence, I believe, that some of them may have been manufactured illicitly, but there were many reports of thefts of large quantities of barbiturates and amphetamines from legal sources.

They are available in dozens of coffee shops all over the country. Students usually, or young people are buying and selling them.

When I refer to a black
market it is not a highly organized black market; it
is very loosely organized; but it exists pretty
well everywhere.

So my impression of the British system is that it isn't working.

THE CHAIRMAN: Yes. What is

your impression of the legal approach to amphetamines?

MR. RYAN: Well amphetamines

are available, as they are here, on prescription.

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The impression is that many physicians are overprescribing, and over-prescription is another source of drugs for the black market.

The medical profession over there as a whole, does not seem to be aware of the risk it is creating by being so generous in prescribing these drugs.

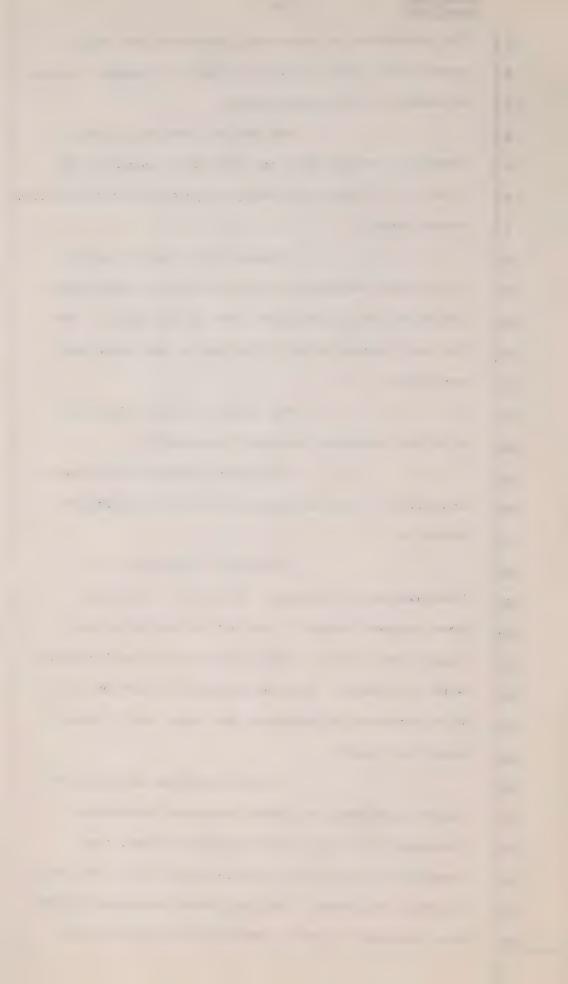
Although the people I spoke to who were engaged in the study of drug dependency including jail physicians, were of the opinion that the most dangerous drug they had to deal with was methedrine.

MR. STEIN: Are you familiar with the methadone treatment programs?

MR. RYAN: Methadone for heroin addiction? Not personally, but I know something about it.

Vancouver and in Toronto. In Toronto they have been engaged in what is called low methadone maintenance and I don't think they are very well pleased with the result. They were going to start on high methadone maintenance this year, and I haven't heard any report.

I have only heard an indirect report from Vancouver that methadone maintenance treatment, that they were engaged in there, the results were not fully satisfactory, but I have no verified knowledge. The only other knowledge I have, is a statement by Mr. Hammond, with whom I am sure



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REPORTING SERVICES you are quite familiar, but he found a number of heroin addicts who had been given methadone maint-enance treatment supplementing their drug, with barbiturates, because they don't get the same satisfaction as they do out of heroin, and this I have learned from talking to an addict who was on methadone treatment for two years. They don't get the same satis-faction out of the drug.



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MR. STEIN: Are you at all

familiar with any technique or method that has been used in relation to heroin addiction, or the chronic use of heroin that appears in your estimation to be at all successful?

MR. RYAN: No. But then I am not familiar with it. I did learn this about Lady Frankhouse. Remember she came over and cut quite a swath, and left quite an impression in this country and about forty-five Canadian addicts migrated to Britain before immigration was restricted, and most of them became patients.

The result was, I think, in almost every case, that they are still on heroin, and that I met one of them who was unemployed, and the impression I had is that none of them are very well fixed, although they are known in Britain as an older stabilized group.

One of them had the reputation, however, of having created a whole nest, or cell, of juvenile heroin addicts by his own efforts himself.

MR. STEIN: One last question.

Do you have any views on the proposals that are made regarding the desirability of substituting narcotics legislation, or drug legislation, with compulsory civil commitment for persons chronically using drugs?

MR. RYAN: I don't know very

much about that. I know that there is a program in several states in the United States, but I can't tell you how successful. The most favourable recorded

on treatment programs for heroin addiction that you hear about, are cinenon which is suitable only for some addicts, people who can live the kind of cinenon life that is available, the Phoenix program in New York, and the Data program in New York.

Those are the only ones that are really favourable. They are favourably reported on to my knowledge.

We hear that the methadone maintenance program is a highly controversial one. The last word I had last week was that some of the reported successes are not regarded as verifiable.

THE CHAIRMAN: What are your feelings about compulsory -- I mean as a lawyer, what are your feelings about compulsory treatment, taking people into custody for the treatment and the whole process of judging when the treatment is necessary; what do you feel about this?

like it. You say you aren't treating a man as a criminal, but you might just as well be, because he is in custody and he has to undergo treatment. I have a feeling that the most effective treatment, if any, is -- that is effective must be in society. I don't know what would be effective.

A part of it has to be in

THE CHAIRMAN: Does anyone have

MR. RYAN: Instinctively, I don't

any questions?

society.



Well, I should like to thank you very much.

I call now on Dr. Laverty,

Director of the Kingston Office of the Addiction

Research Foundation of Ontario.

After Dr. Laverty we will hear from the Elizabeth Fry Society.

DR. LAVERTY: I would like to read a brief to the Commission in conjunction with other members of the Addiction Research Foundation, and currently I don't wish to add very much to these statements previously presented.

It seems to me that the present increase in drug use, the manufacturing of a prescription of many psychoactive drugs going on for the past number of years. This has been produced by the pharmaceutical and medical professions.

THE CHAIRMAN: I wonder if you could speak closer to the microphone. Would you hold that microphone a little more closely to you when you speak?

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1 DR. LAVERTY: The incidents of 2 drug taking locally in Kingston has not to my 3 knowledge been tested by any direct means. 4 I suspect that it is probably similar to maybe a little lower than the incidents 5 found already in larger cities, such as Toronto. 6 7 I haven't personally assessed the number of people admitted to the local hospitals in Kingston during 8 1968 and 1969 with a diagnosis of a drug reaction. 9 10 In 1968, fifty such examples 11 could be found, and in 1969 up to November, around one hundred and twenty-six. So this represents an 12 increase, but possibly an increase of the willingness 13 to be treated, as well as a natural exposure. 14 This compares with an admission 15 to hospital, and a treatment rate for alcoholism of 16 about eight hundred in one year. 17 THE CHAIRMAN: Excuse me, Dr. 18 Laverty, I am sorry. 19 These were people ---20 DR. LAVERTY: These are people 21 admitted to hospital for bad trips. 22 THE CHAIRMAN: All drugs. 23 DR. LAVERTY: All drugs, tranquil-24 izers. Unfortunately the objective testing for the 25 drug taking has not been carried out in those cases, 26 and the quality of the street drugs. In the last 27 thirty subjects by which I received personally, and 28 this includes out-patients, as well as in-patients, the 29

following drugs were claimed to have been used, but

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REPORTING SERVICES 11 only certified in two instances: LSD in four; 2 amphetamines six; marijuana in four; barbiturates two; 3 atropine in one; glue and other solvents in six; 4 demerol in one; MDA one. 5 Before moving on, I think 6 marijuana can have an acute reaction to drug 7 experience. This is not usually considered or 8 prolonged, and since there are only four of these 9 I could have described the kind of things to make 10 that count. 11 The impressions with unpleasant 12 experiences at the time of the reaction, and also 13 some flashbacks from the drugs similar to the others 14 they had on LSD. Also there is some aggression to 15 that taken out in previous conflicts. 16 THE CHAIRMAN: Excuse me, doctor, we are talking about understanding acute 17 18 reactions from cannabis that you have knowledge of. 19 DR. LAVERTY: That is right. THE CHAIRMAN: These are 20 21 older cases? DR. LAVERTY: These are within 22 23 the last six weeks in Kingston. THE CHAIRMAN: In Kingston. 24 I understood there were four. 25 DR. LAVERTY: Four. 26 THE CHAIRMAN: You mentioned 27 the impression of those experiences and then I 28 29 heard flashbacks from LSD.

DR. LAVERTY: Right.

And the second of the second of the



THE CHAIRMAN: How was that?

In other words, this does lead

to a cannabis-produced flashback from LSD?

DR. LAVERTY: Yes, a recurrence of the experience as experienced at the time. The last instance was one of apathy and a dependence on the drugs was experienced by a young girl.

THE CHAIRMAN: How did that

become a matter of clinical attention?

DR. LAVERTY:

I think it is worth pointing

out the fact that all the drugs seem to be represented in other reactions, which gives me the impression that while it is the state of mind of the user, and the attitude of the user at the time of taking which contributes very heavily to the kind of drug reaction and which makes it difficult of course, to incriminate specifically certain drugs.

Certainly an attitude of multiple drug use seems to prevail amongst people who use it regularly. It is difficult to know whether this is an experimental attitude and to what extent this is likely to be followed by heavy, or regular usage.

I have the impression that those who use it regularly tend to be more disturbed and this has been found in some of the high school studies to achieve that re-orienting common towards -- not towards achievement in school and at home, rather than towards the peer.



It seems ---

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on the word "disturbed"?

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One is, the person may attempt to

MR. STEIN: Could you expand

DR. LAVERTY: Yes. I think one

could discriminate two particular categories here.

One are young people that come from quite disturbed homes often when there is already a pattern of some kind of behaviour or difficulties such as alcoholism, and others are those who are maybe well adjusted in the norm, who go into a transient difficulty after a depressant kind and often are associating with their anxiety. (unintelligible)

The actual involvement in drug use sometimes leads to a further problem, and find it necessary to deal with drugs as with alcohol by differentiating that from medical aspects and psychological and social aspects.

And I have a kind of chart here which I use in teaching students, which I have if the Commission would like. The point being here, I think, that if somebody who is a marginal kind of adjustment becomes involved in drugs it inevitably involves them in provoking a particular kind of reaction from the social consensus of people with whom they are involved. This frequently leads to comfort in terms of being accepted or rejected by different parts of the people in our society, and as well as a result of those conflicts several relations can occur.

lead a double life, and restrict their use under those conditions in company with those whom they approve, meanwhile attempting to remain with their parents or school. This quite frequently breaks down, and then the person may in fact be forced to make a social shift to move away from their kind of social relationships and move out of their home town possibly, and take up residence with other people or with a similar attitude.

This is rather similar to the kind of progress one sees in people who come to value alcohol above the other values.

THE CHAIRMAN: On this, do you refer to any other particular drug although I see the word "withdrawal, D.T.s". Do you think that pattern of behavioural manifestation of the effects of drug use is of general applicability to other drugs?

DR. LAVERTY: No. This model is really based on alcohol use. I think there is a degree of (inaudible) in relation to the drugs.

THE CHAIRMAN: What have we got to learn from our experience with alcohol that is useful and harmless in our insights of other psychotropic drugs?

How generalized is the experience with alcohol, do you think, in the development and proper response of this other drug use and the more established drug use, psychedelics, amphetamines and so on?

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DR. LAVERTY: Well, It would seem to me to have all the qualities which psychedelic and other drugs have, that is, the experience which produces a change in an individual, his relationship with the outside, a basis for chemical dependence, and a social background of institutionalized drinking which tends to be reinforced use.

The advantage of course of our study of alcohol at the moment is one in quantitative terms about its effects and this so far is not really valid for the other drugs that we are interested in.

PROFESSOR BERTRAND: Yes, but you also say what I see as the sources of alcohol, intoxication on your chart, if I read it, would be specifically applicable to the sources of the drug use.

DR. LAVERTY: I am not sure that I quite follow you. By sources, you mean sources of what?

PROFESSOR BERTRAND: I want to avoid the word "cause".

DR. LAVERTY: You mean are they causes of problems similar to the causes of problems in relation to drugs? Yes, but these causes vary if you apply them to individuals, and I think you can categorize them up to a point. I think so, yes.

PROFESSOR BERTRAND: So there would not be any strong use that could originate from gratifying experiences or the wish for the kind of uses which would not stem from it?



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115 REPORTING SERVICES 1 DR. LAVERTY: Oh yes, certainly. 2 It is only an aspect of the social use of drugs would 3 be quite relevant to the normal use of alcohol. 4 Why not. I would think the 5 moderate tolerant use of drugs -- the only question is people get into difficulty when we don't know what 6 7 such normal use could be. 8 But I think this could form a 9 normal point, to a normal point of views. I think out of it is a problem arising/the use rather than the drug. 10 11 If you take the amphetamine, I think you have to incriminate the drug much more 12 13 strongly even for a stable person because it could produce abnormality. 14 15 THE CHAIRMAN: Any other questions? 16 I wonder, Dr. Laverty, if you 17 have had an opportunity to tell us of something you 18 had in mind? We have been asking questions. 19 DR. LAVERTY: I don't think there 20 is anything that I wish to add, except that we have 21 quite a limited experience of using methadone for 22 about a year, and it does seem to give better treat-23 ment in those patients, and they have been co-operative 24 in its use. 25 MR. STEIN: Has this treatment 26 been going on outside -- I was led to understand 27

some time ago, that there was a process between the penitentiary services and our program in which persons might be supplied. Has this program gone forward?

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REPORTING SERVICES 1 DR. LAVERTY: The program was 2 never envisioned. You missed the meaning of the narcotic addiction in Toronto. It started in 3 Joyceville Penitentiary, and we visited that penitenti-4 ary, and what we have done is take certain examples 5 for hospital treatment before their discharge and 6 had them in these institutions, and also the Women's 7 8 Penitentiary, and we found it convenient to take one or two such people at a time. 9 10 We are not using methadone in that program at all. We are merely using the 11 12 hospital. 13 MR. STEIN: When you say meth-14 adone, you are ---15 (portion unintelligible) ---16 17 THE CHAIRMAN: Had you an 18 opportunity, Dr. Laverty, to determine drug use --19 the use of drugs, any relationship between the use 20 of the drugs? 21 DR. LAVERTY: I'm sorry, between--22 THE CHAIRMAN: The use of the 23 drugs, the relationship -- my question is, have you 24 had an opportunity to observe cases of multiple drug 25 use, and if so have you come to any conclusions about 26 significant relationships between any of the drugs 27 or patterns, of progression? 28

DR. LAVERTY; No, I would not say that I have had -- seen any relation between the



the drugs. They seem to be very diverse, and not relevant.

THE CHAIRMAN: I see the
Narcotic Addiction Foundation in B.C. has come to
certain conclusions in the last year, and an allusion
was made to that this morning.

I wonder if the allusion here is whether there is any significant change in pattern on what you have reported?

DR. LAVERTY: Well it is plain that there are changes in intensity of using certain drugs but it probably depends on supply.

I think what one has to be aware of is that probably all the time there is a potential feed of an epidemic in drug use, and there are two cases of which I know on this, and one is the description of an amphetamine pattern, and the other is the spread of heroin in Britain in which case it is very obvious that if you provide a reasonable supply of the substance and enough people will spread it, you can't go -- you can rapidly go from a state where there are a few users to where there are many.

Now there are the same type of things where there is less dependency producing drugs, I don't know. I think anyone who is prepared to use drugs is also prepared to use drugs which are potentially dangerous, such as narcotics or amphetamines and this is the kind of association which they have over the drugs such as marijuana.

I don't personally see that there

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is anything inevitable or frightful about progress from marijuana, except such associations, no physiological reasons.

THE CHAIRMAN: Thank you very much, Dr. Laverty.

I will call now upon Miss Flora MacDonald of the Elizabeth Fry Society.

Miss MacDonald?

MISS MacDONALD: Thank you.

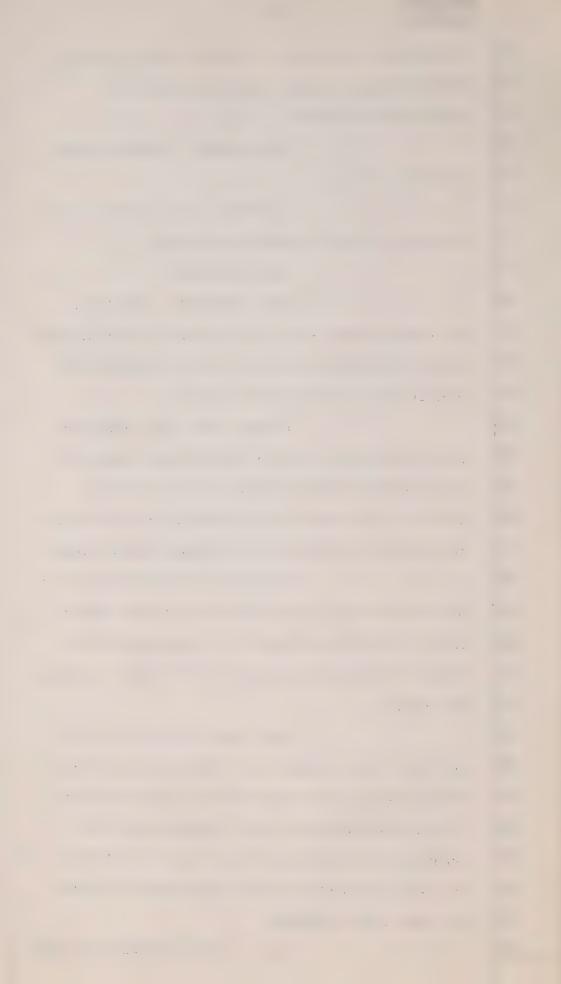
Mr. Commissioner, as in other groups, as has occurred across the country, we would like to register our concern about drug users in Canada.

I think there are a number of aspects about this which we could speak about, but we are particularly concerned with the legally judicial implications of the problem, and the legal and judicial situation as it presently exists today.

We are more concerned with this particular aspect because of the fact that members of our organization have had, or exposure to the judicial implications, because of our work in prisons for women.

Now I don't think that we are the only ones concerned with this particular aspect. I think that much of what we have to say you will 'in fact have heard from other groups across the country, and therefore probably what we will say even along this line will be repetitious with what you have heard elsewhere.

But I do feel perhaps that there



may be people whom you are not hearing, and people to whom attention should be given, people who are particularly involved. And these are people who might be able to offer fresh insights into the problems which you are seeking to resolve.

And as a result of this
in discussions which we have had with various persons
both in our own organization and outside, we have
today with us, three girls who have volunteered to
come here as a public service to tell their own
particular stories, as to how they became involved
with drug usage, and the legal and judicial implications that have resulted.

And I would make just one -- I would like to clarify just one point that in doing so we would ask that their names and photographs not be used publicly, and I would ask your indulgence in this respect.

Now each of these girls has come to this present situation from a different background, and I would like to start out by asking them to sort of explain these various backgrounds which led them to the various situations.

Debbie is a girl who was born in Canada and has spent much of her time between Canada and the Far Eastern countries, where the question of drug usage is not looked upon in the same regard as it is here in this country, and I think that in this particular aspect she has something which might be of interest to you.

So Debbie, I wonder if you might just like to make some comments as to the background from which you have come, and then we will go on in the same way and ask Elizabeth and Dorothy something about their own particular cases before we have more of a detailed discussion in the ways that you have been involved in this.

DEBBIE: As Miss MacDonald has told you, I lived in the Far East, I lived there with my family when I was eight years old, and the use of particularly marijuana, hashish, is quite -- there is quite a large usage in these countries, and so at the age of eight I was introduced to these drugs and it wasn't a particularly traumatic experience because although I wasn't using them, I was living with people, living in their country, with people who were using these drugs a great deal.

And although I didn't start

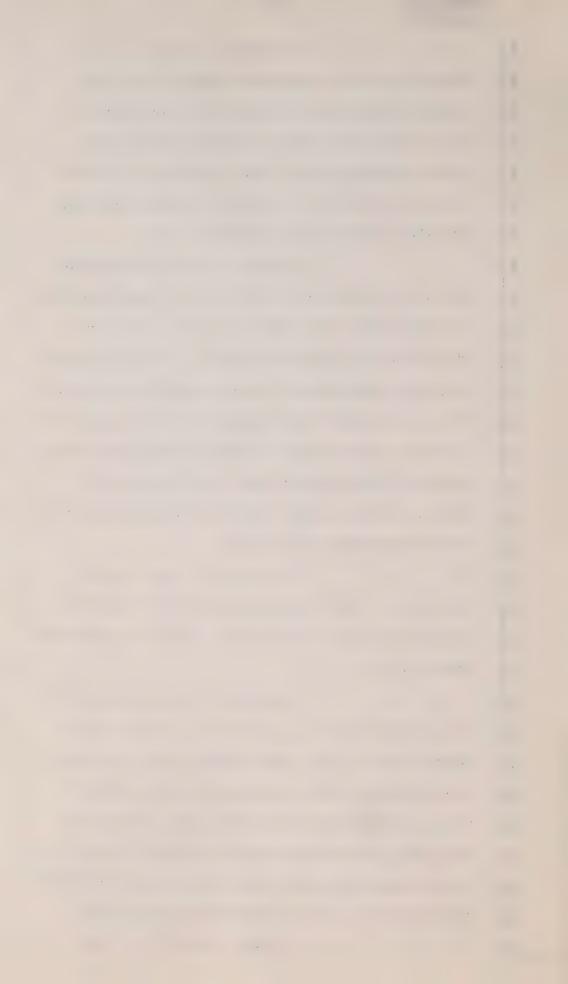
marijuana or hashish until I returned to Canada, I

was very familiar with the drug, and not in the least

afraid of it.

I started to use marijuana when
I was fifteen years old, this was in Canada, and I
started while I was going to high school with a few
friends who had been introduced to it in another
city. And because marijuana was not a question at
that time, and the public was not really concerned
in the newspaper, and it wasn't in the news, we didn't
speak about our usage of marijuana at that time.

We kept it within our group. We



used it occasionally, and I wouldn't say we used large quantities of it.

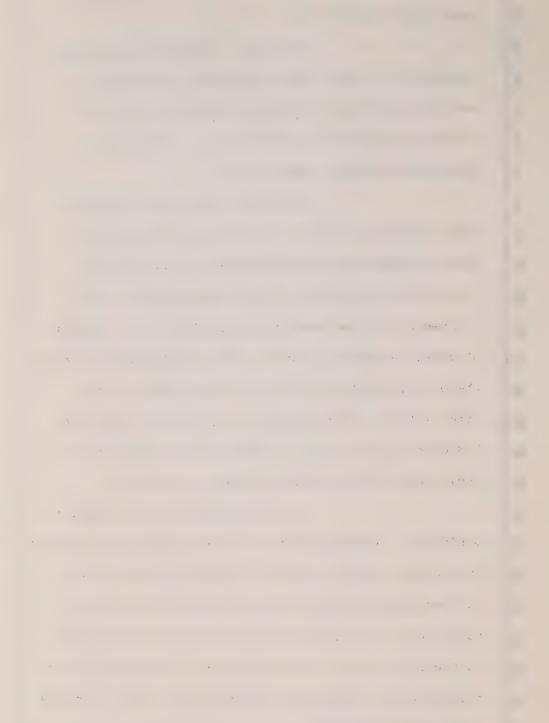
But when I finished high school
I moved to a larger city, and became involved in
what you might call the "drug scene", but it was a
different drug scene in that it was confined to
marijuana, not with other drugs.

Now a few years ago, different drugs started to come on the scene, a drug called speed, amphetamines, and methedrine, usage of LSD and these drugs we more or less experimented with.

But because we had been using marijuana for a number of years we decided that we would stick with it because the effects of the drug called speed were not the effects that we were looking for, really, they were bad effects, the kind of effects that we did not feel when we were using marijuana, or hashish.

So we confined our drug usage to marijuana. And because we had been using marijuana for such a long time, because I had been brought up in the Far East where the drug is accessible, we were quite aware of the price that marijuana was getting in the city that we were living in, of the price that marijuana and hashish was selling for in the countries that I had come from.

And well, the profit is extremely high. For example, I can buy one kilo of hashish in the Far East for twelve dollars, and I can sell it in one of the larger cities in Canada for two thousand dollars. So bearing these figures in mind, I decided



that a profit could come from the use of marijuana and also having used it for such a period of time I knew that, or I felt that, observing myself and my friends, that there were no harmful effects from this drug.

. MISS MacDONALD: I wonder, Mr. Commissioner, if we could perhaps go on to one of the other girls, and then in the questioning you might like to come back to each one.

They, I think, are prepared to expand, you know, into more detail.

country. She came to this country as an immigrant looking for work and this did not readily materialize.

As an immigrant, not being familiar with the language, it was difficult to find work and this too had some influence in which she entered the drug scene, and so I think, Elizabeth, if you will tell us your experience.

ELIZABETH: When I started to use marijuana and hashish when I was seventeen, I was back in Europe in Austria, and two and a half years ago when I came to Canada I couldn't speak the language, and in this way, like, I didn't get a job and nobody was really interested in giving me a job because I couldn't speak the language.

And like the only people who really helped, and could help me with the language were people who were— used drugs, and so in this way I was really concerned that I could hold a conversation with them, and this is how I got in using

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more drugs, and in this way that I never had a job,
I had nothing else to do the whole day, and thinking
about getting some more drugs, getting high, getting
high faster,

And, like, I never had any money because I didn't have a job, so that is how I started getting in this dope business, and selling drugs and here in Canada I start dealing with hard drugs, like heroin and methedrine and morphine.

MISS MacDONALD: Dorothy, perhaps might add something to this too.

Would you mind holding the mike, I guess, closer to you from the place where you are speaking, because Dorothy's experiences are perhaps more like the normal, average user in Canada. She comes from a more typical background than the other two, so perhaps you could say something about this.

DOROTHY: Yes, I would say my
experiences were more typical in that I came from an
average upper-middle-class family, and the way I
started using drugs was just a thing to pass the time,
that it was the thing to do, it wasn't something that
I hadn't thought was bad. I can never remember thinking
that it was bad.

I have never used hard drugs. I limited my usage to marijuana, and occasionally dropping LSD, never had any traumatic experiences with it, and I don't really know, but with marijuana all my friends who used it, they never really incurred any bad experiences with it.

As with Debbie, I got into selling it because I realized there was a profit to be made, and since I didn't have any bad feelings about it I didn't feel that it was harmful to any body, and I didn't have any worry about selling it.

MISS MacDONALD: One thing you were talking about earlier, you mentioned earlier that in the group in which you moved that in fact drugs were available to you, at any time.

I knew, it was a different group that I knew about because I had a close relative who moved in that particular group who used heroin. In that it was accessible to me as , well, it is accessible to anybody, but never did I feel any inclination to go on and use heroin, where I didn't feel bad at all about using marijuana. It never did anything bad to me.

MR. STEIN: Could I ask a

question?

MISS MacDONALD: Yes, certainly.

MR. STEIN: In your understandings about the distribution of marijuana, what is your impression about the -- let me try to put it this way:

Is marijuana in your experience, distributed casually only between friends, or the people, from what your experience will tell you, deal solely with marijuana, or is it likely that a person in dealing with marijuana may be involved in dealing with other drugs?

DEBBIE: Would you give me the



B.PROUSE REPORTING SERVICES

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last part of your question? I got most of it. Just the last part.

MR. STEIN: I will try.

What I am asking is, from your knowledge, the distribution, the selling of marijuana, what occurs? Is marijuana distributed by persons exclusively, or would a person dealing with marijuana or selling marijuana also be involved in selling other drugs?

DEBBIE: Well, I think people who use marijuana can be divided into, say, two or three groups. One, the seller or importer of marijuana dealing in large quantities and selling to smaller people in a particular city, and then the dealer who distributes it in small quantities among his friends, people who know that he smokes, he knows that they smoke, and they may get together and one would ask the other, "Well, do you have any?", you know. If he has, he sells.

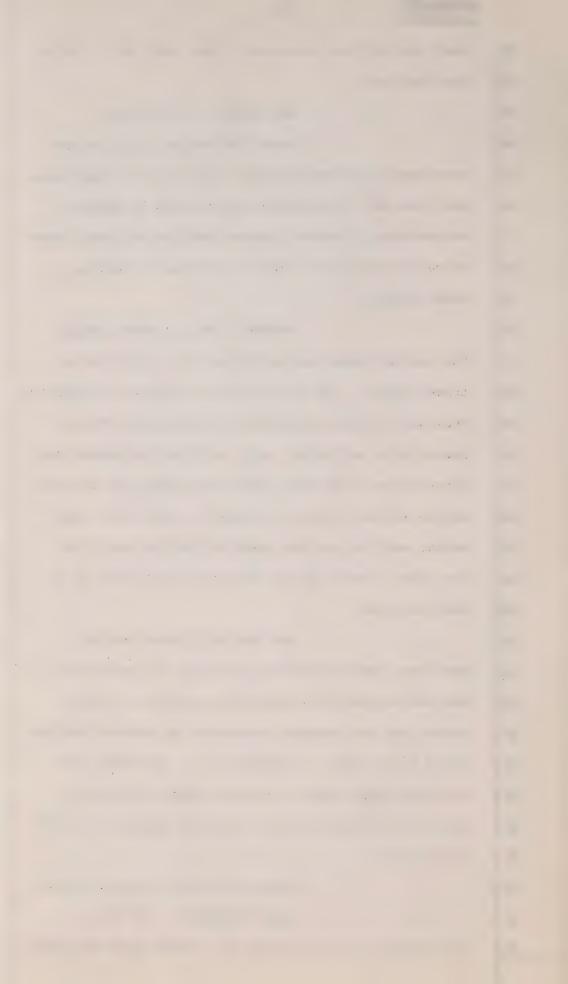
But the main quantities of
marijuana are brought into the city by (inaudible)
and are brought into one or two contacts in those
cities and the contacts distribute to smaller dealers.

It is almost like a (inaudible) . But when you
get small, say into ten dollars worth, or twentyfive dollars worth, then it is more or less a friendship club.

That is the way it would operate.

MISS MacDONALD: One thing I

was wondering, Debbie, when you talked about the people.





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the type of person in fact who would be a client of, say, anyone, you know, in the various social groups.

Perhaps you would say something about that.

DEBBIE: I think actually that is quite an interesting question, that most of the public are not aware of the fact that the people who are buying marijuana in the cities are not exclusively the hippies in the street, or the people that you are reading about in the newspaper, they are in fact lawyers, doctors, psychiatrists, generally professional people, and I can say there from experience because I have sold to these people.

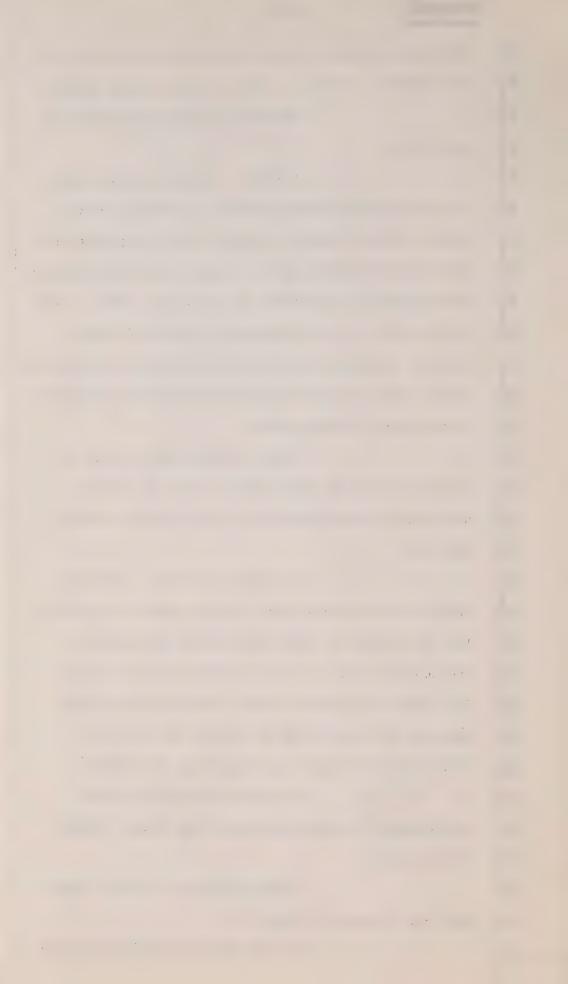
They have the money to buy in larger quantities; they prefer to buy in larger quantities so that they don't have to make as many contacts.

A hippie will buy a dime bag which is ten dollars worth, but because he can spare the ten dollars at the time, whereas the lawyer who wouldn't want to make a contact several times in a month would buy a larger quantity like a half perhaps, or even a kilo at a time, and this cuts down his risk in meeting a marijuana distributor.

So these are the people who are buying the large quantities, and usually behind closed doors.

MISS MacDONALD: And if I might just ask Elizabeth a question.

We had some conversation earlier



with regard to the way in which drugs in fact are adulterated when they are being -- when they have been used, and misused by people who are distributing them.

And you might like to tell the Commission something of this.

ELIZABETH: Yes. Like, if I buy marijuana in big quantities, of course, I cut it up so I make more.

In this case, I make more money with it, and that is with any kind of drug. If you buy marijuana, heroin, you never get the pure stuff. So, like, the buyer never knows really what he is getting, and I can talk about my marijuana experience, how I cut up marijuana. I cut it up with alfalfa; I soak this in brown sugar to get it brown, the dark colour like marijuana is. I broke the kilos up, and I mixed alfalfa, in, and pressed the kilos again, so like coca cola, alfalfa, this is not the bad stuff, it won't do anything to your body, but if you start cutting up methedrine with bad stuff, or heroin, with bad stuff, then it is maybe can do it, you know, some harm to your body.

So if this would be under control, then the buyer would know what he is getting, and there won't be so much risk.

MISS MacDONALD: Do you feel that particularly you mentioned methedrine. Now, Elizabeth, the effects of this you know something about.

ELIZABETH: Yes. I would say





methedrine is a very dangerous drug.

I picked up a couple of habits from this, and as my psychiatrist told me, I still have got the methedrine in my body and it takes eleven days to get one bit of methedrine out of your system, and the effect of methedrine is really bad.

And I wouldn't feel that people should use methodrine. It makes you really shakey and you can't just get off of methodrine because, like, coming down on methodrine, it is really like dying, and you keep on shooting it, and you keep on shooting.

MISS MacDONALD: Just so that you never do come down.

ELIZABETH: Yes.

THE CHAIRMAN: Miss MacDonald, when you began you said that you wanted to concentrate on the legal aspects of the problem.

And I was thinking of the witness' knowledge of distribution. What did you have in mind about the legal and judicial aspects?

MISS MacDONALD: Well, I think

my concern is that, you know, under law there is very little distinction between the hard and soft drugs, and that the results, or the treatment of people before the law courts does not take this into consideration, and there are many cases I have seen in Canada, although I don't have any data to back this up, of persons who, because they come from the wrong end of the social system, or what might



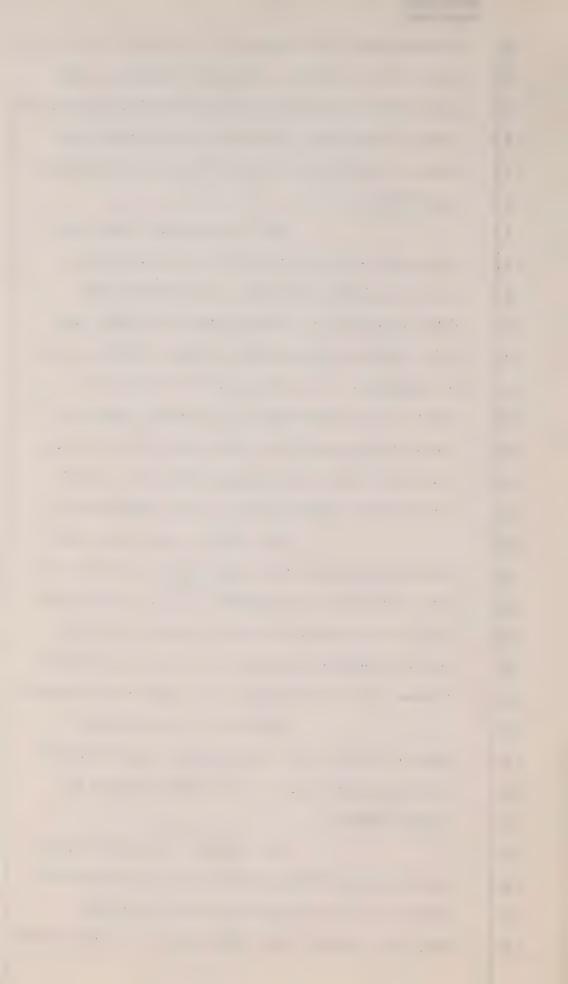
be considered the wrong end of the social system, are more liable to end up with prison sentences, and particularly we have heard how professional people are users of marijuana, and so on, who may never come before a court of law because of their own particular involvement.

many people, who, in order to get the necessary funds to purchase marijuana, or whatever other drug, particularly the hard drugs, you know, are being forced into peripheral crimes. There is a lot of confusion, a lot of pain that is caused as a result of just lumping all of this drug usage into one great package, and in some cases throwing them out at the people who will get into other social circumstances who may not be in fact imprisoned.

MR. STEIN: Could I ask the three young ladies; you could perhaps tell us about what your particular programs consist for people who are placed in prison for drug offenses. Can you give us a general indication. Is there any special program that we could hear, as to the drug offenders?

DEBBIE: As far as being rehabilitated, I am -- is that being rehabilitated as far as drug uses, or as to being accepted in society again?

MR. STEIN: I am wondering if
there is any special program in the institution for
persons who are sentenced because of the fact
they are violating these drug laws, or is the program



the same.

DEBBIE: Yes, if you are

incarcerated for a drug offense you are an inmate of the prison the same as any other inmate.

The way it stands now, there is really no particular attention paid to your crime. You can discuss your drug problems with your psychiatrist as often as you would like to see him, if you feel that you definitely have a drug problem, but as far as the prison system, or the penal system is now, we are inmates the same as any other inmate, and our case is not considered special, or different, in any way.

We broke the law, and we are sentenced, and doing our time.

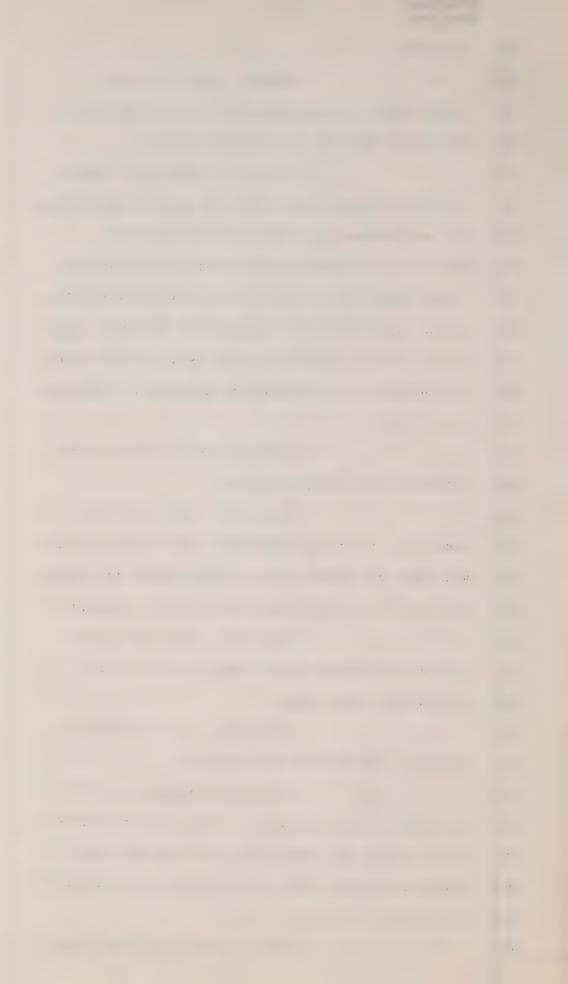
MR. STEIN: Just one other question, It was my impression that the institution was used for anyone who was incarcerated for drugs, but most of the time they were sent to (inaudible)

ELIZABETH: Yes, but as far as that goes, that is for heroin users, not for hashish and other drugs.

THE PUBLIC: Mr. Commissioner, perhaps I can clarify that question.

The users arrested in the West are sent to Prince Albert. People who are charged in the courts for trafficking in drugs are sent to prison for women, that is if they have been sentenced for two years or more.

But the user -- and this would



1	be in Alberta and Saskatchewan, would be sent to
2	Prince Albert.
3	MR. STEIN: And what about the
4	users?
5	THE PUBLIC: They come to
6	Kingston.
7	THE CHAIRMAN: I just wanted to
8	pursue the question of distinction that you made about
9	the drugs.
10	I understand that you were
11	talking about trafficking this was trafficking
12	referred to by the witnesses. Do you make the same
13	distinction? Do you think a distinction can be made
14	toward the drugs as far as trafficking is concerned.
15	MISS MacDONALD: Well I wonder,
16	we have discussed this with the girls too, and I
17	wonder if it might be proper if I directed the questions
18	to them, as to how they feel in these cases I said
19	to them the other night, "Now suppose you were given
20	the opportunity to change some of the legal set up
21	today; what in fact would you like to see done?"
22	You know, from the background of people who have been
23	through this.
24	So perhaps I would like to pass
25	that on to Debbie, and have her comment.
26	DEBBIE: Well the way the law
27	stands now, marijuana is not there is no distinction
28	made between marijuana or hard drugs.
29	I feel that marijuana should be
30	a controlled drug, should be used socially in the



country.

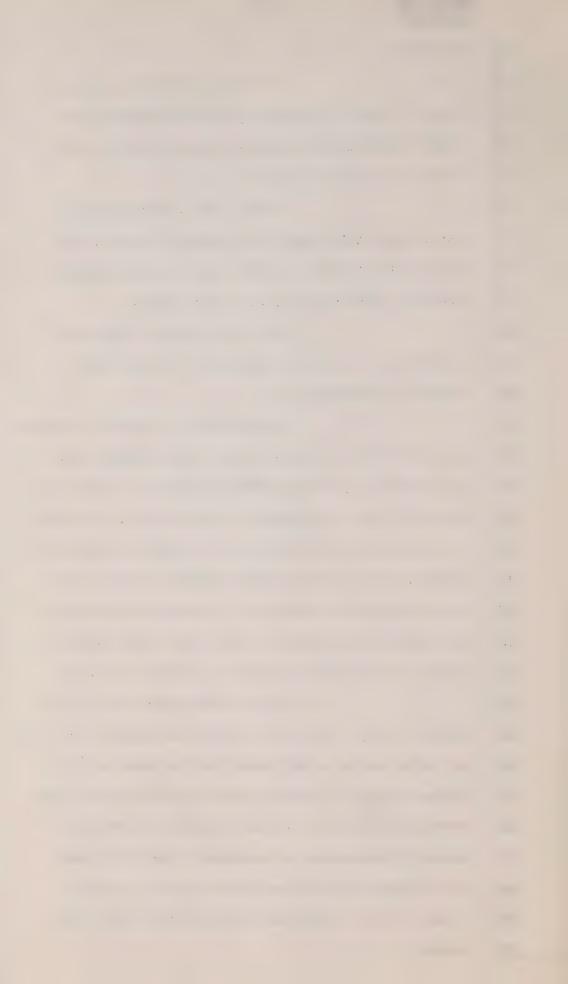
If it were /controlled drug, I think it would eliminate some of the violence, it would eliminate young people using drugs that will eventually lead to death.

I don't feel marijuana does but if they get caught up on speed, or any of the other pills that are around, they will eventually end up in the hospital, or on hard drugs.

Now on marijuana if there was a control, or age limit specified, I think this would be eliminated.

The fact that sixteen, seventeen year old kids are going to jail for offenses such as possession put into reformatories or in some cases prisons, being introduced to other crimes, receiving an education really about how to go about committing other crimes, and they are perfectly willing to do this because the resentment is already there to be put behind bars at such an early age that they feel they may as well do it because they have the name.

I am thinking particularly of
my own family; I know the way the law stands now. If
my sister was at a pot party that happened to be
raided, she is sixteen years old. If the pot party
were to be raided my sister would be arrested for
probably possession, or something like that, taken
out of school and put on probation, and it would
create a lot of problems that she never would come
across.



1 MISS MacDONALD: Elizabeth, 2 would you and Dorothy like to say anything about 3 this? 4 ELIZABETH: Well, if I would 5 have the chance to change the law, it is this: 6 I would take hashish and 7 marijuana out of narcotic, and for the user I 8 would like in England give them a fair amount of 9 heroin every week, or every month, because the 10 heroin user who will use it for fifteen years he 11 can not just come up and say, "Stop using them." 12 So if they would get a certain 13 amount for every month, then the black market would 14 stop, and if there is still some black market around 15 the heroin and against the law, then put them to 16 jail, and as far as I know in England they pick up 17 a certain amount and they sell it on the black 18 market. 19 But like putting heroin users, they get their certain amount, and there is no 20 black market and they wouldn't know they are users, 21 and there would not be so much people going to jail. 22 Going to jail will not change 23 their mind to shoot heroin. It is only up to them, 24 their own will power only can change their mind 25 use heroin or not, so I don't see that a jail 26 sentence would do them any good. 27 MISS MacDONALD: Dorothy? 28 DOROTHY: Well I think one

of the main question is exactly what question --

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what purpose this going to jail serves. What does it accomplish?

I can look at my own case and ask myself what is my sentence supposed to accomplish and do people really think that it is going to stop people from smoking marijuana , or selling it. I don't think it has stopped one person. don't think they even know I have gone to jail, except for my own family.

Is this supposed to change my way of thinking, or am I supposed to suddenly decide that there is something wrong with marijuana when I perfectly know in my mind that there is nothing wrong with it?

There is no purpose for it. I am supposed to spend a certain amount of time in jail, and for what? Am I going to be a different person when I walk out the door?

I know that is not going to There is no hyme or reason to it. happen. absolutely senseless. You know there has got to be another way because what does it accomplish?

Absolutely nothing.

MR. STEIN: Do you know what the sentence is for persons who are charged with possession -- what is the age range?

MISS MacDONALD: I would say that they are younger, but it would be for possession or trafficking.

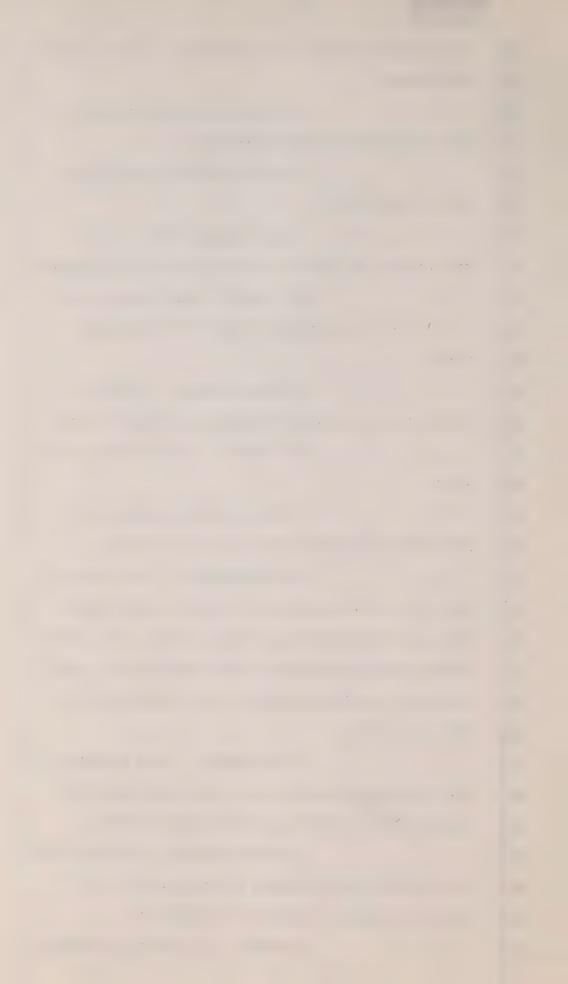
> MR. STEIN: I see. There would

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1	not be anyone in for just possession, it is also for
2	trafficking.
3	What would the age range be
4	what would the youngest person be?
5	MISS MacDONALD: These girls
6	are all twenty-two.
7	There was one other girl who
8	was nineteen or twenty, and she would be the youngest.
9	MR. STEIN: Would you be able
10	to tell us the approximate number that there are
11	there?
12	MISS MacDONALD: It would
13	depend you see. You are talking now about all drugs.
14	MR. STEIN: I didn't make myself
15	clear.
16	I was thinking particularly of
17	possession and trafficking only in soft drugs.
18	MISS MacDONALD: I would say the
19	population of the prison for women is about fifty,
20	and I would only have to hazard a guess at the number
21	who are there for possession and trafficking in soft
22	drugs, but I would say perhaps a half dozen would be
23	about the number.
24	THE CHAIRMAN: I was wondering,
25	one of the ladies spoke about the facts, stated her
26	opinion that imprisonment would have no effect.
27	Is this a general statement about
28	criminal law, the deterrent of criminal law, or is
29	it with particular reference to marijuana?
30	DOROTHY: I was making particular



1 reference to marijuana. 2 THE CHAIRMAN: You are not 3 talking about the other drugs? 4 DOROTHY: You mean something 5 like heroin? 6 THE CHAIRMAN: Yes. 7 DOROTHY: Well with people that 8 are involved in heroin, it is an entirely different 9 thing. 10 These people are sick. 11 ELIZABETH: I beg your pardon? 12 DOROTHY: They need help, and 13 the prison doesn't help anybody. It's not going to 14 help them to be put away for a couple of years, they 15 will just walk out and do the same thing. 16 THE CHAIRMAN: I am talking 17 now about the trafficking. We are talking about 18 trafficking. 19 DOROTHY: Trafficking of heroin? 20 THE CHAIRMAN: Yes, or other 21 drugs. 22 DOROTHY: It depends. Is the 23 person doing it to support his own habit, or is he 24 doing it entirely just for money? 25 THE CHAIRMAN: Let us say the 26 person is doing it because of the money then. 27 DOROTHY: Because of the money? 28 Well, I don't know, if you can catch him I wouldn't 29 know what to do with him.

I really don't know.

It's a

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problem. What do you do with him? Give him time, I guess.

DEBBIE: The trafficking of heroin is controlled by the Mafia really, so it would not concern us.

That would pertain to organized crime, and it involves such a greater field than we are discussing right here.

The marijuana level is so much lower than that. The marijuana dealers are not Mafia members.

THE CHAIRMAN: Yes, but presumably in the heroin district there is at some point trafficking by individuals, and of course, the organizing has to have its points in the institution.

Now what is your view of the appropriateness of buying and trafficking?

Trafficking as a way of distribution.

Perhaps the question is—

perhaps the question is a little bit too far—

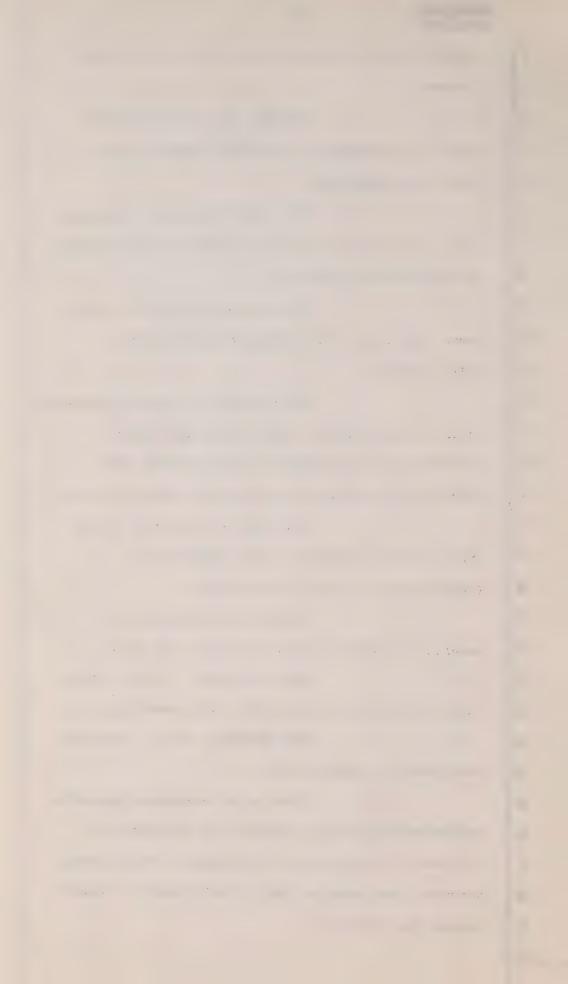
MISS MacDONALD: I don't think

these people have in fact that much knowledge.

THE CHAIRMAN: Yes, I see that

that could be inappropriate.

There is an objection apparently expressed here today, objection to application of the law for trafficking in marijuana. That is the purpose of my question, but I don't know if I should pursue that along---



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a sense to you, or through you, Miss MacDonald, since

MISS MacDONALD: I think that distinction really the we were making comes back to the distinction one would call the difference between soft drugs -- trafficking or possession of marijuana and hashish.

THE CHAIRMAN: But does the distinction turn in this case insofar as trafficking is concerned, does it turn on what is believed to be the effects of marijuana, or does it turn on the fact that the distribution of marijuana is allegedly not in the hands of organized crime to any significant extent?

In other words, does it turn on the effect, the assumed effects of the drug alone, or does it turn also on, in part, on the nature of the traffickers in marijuana, as distinct from the alleged nature of the trafficker in other drugs?

This is what I want to get. Are we talking about the special attitude towards the criminal law, the application of the criminal law to certain kinds of people?

MISS MacDONALD: I think ---

THE CHAIRMAN: Are we saying that the law should not be applied to trafficking by certain kinds of people, certain kinds of background? Is that one of the contentions we are hearing here ?

I am addressing my question in

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you ---

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I was, when I had mentioned the legal and judicial applications I was thinking of the people with whom I had some experience, and people whom I had seen in the -- caught up in the whole penal institution who in fact do come from different background, but whose crime against society for which they have been imprisoned is open to a great deal of question; and it seems to me that what Dorothy said about, you know, people who are imprisoned for -- with what beneficial view in mind if you want to put it that way.

It is really not a question of say, you know, that even though a number may come from what you may call the lower income groups, nevertheless, you know, it ranges over the whole system, and I just feel, and this is personally speaking, and perhaps I am under some hesitation because of the fact, you know, representing an organization I don't want to in fact bring the organization into a view which I myself hold.

But as far as the legal implication goes, I feel that the present system which mitigates heavily against people who are marijuana users and traffickers, should definitely be changed.

THE CHAIRMAN: And yet one of the problems we have in this Inquiry, is that we hear a lot about the impact of law, criminal law, on individuals, and we are not sure sometimes whether

we are hearing special pleading because of a particular character to others in the prison system, we haven't heard from on their behalf / perhaps we shouldn't---THE CHAIRMAN: Have you been into the penitentiaries to conduct your ---MISS MacDONALD: No, we haven't gone in. The point I am making is that we have to -- sometimes we are hearing about the effects of the drugs, and it seems, and the relative

we have to -- sometimes we are hearing about the effects of the drugs, and it seems, and the relative harms of the drugs, and other times we are hearing the effects on certain kinds of individuals as distinct from other kinds of individuals in the prison system, and we have to find out just what it is -- the contention is.

If the contention is that the prison is not appropriate for certain kinds of individuals, although it may be applied to others, that is one contention.

And I am wondering if we are hearing that.

MISS MacDONALD: But then we are entering into the whole question, and the scope of the criminal law.

I mean, there is a wide range of crimes represented in any penal institution.

PROFESSOR BERTRAND: But on the other hand, if we take the young lady on your extreme right, she says "What good is it going to be?"

What is to be the effect to

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produce this improvement?

Well, we could very well ask that question for a person who could be convicted of any other crime.

MISS MacDONALD: I think that sort of changes the terms of reference.

PROFESSOR BERTRAND: This is not a very strong argument.

am quite willing to go into a discussion on the whole role of our penal institutions and how they are operated and when do they serve the role that society thinks that they serve, whether or not we want to get into anything as broad as that, and I am talking about other crimes. There may be people who may commit murder in passion and given fifteen minutes to think about it may never perform the crime, but they have, and, you know, you have to -- these people too, you have to question whether the penal institution is really the place for them.

THE CHAIRMAN: That doesn't fall within our terms of reference.

MISS MacDONALD: This is what

I mean.

THE CHAIRMAN: No, it is just that I want to understand whether we are making a distinction in respect to trafficking in drugs, not only as between drugs, but as between the type of traffickers, that's what I mean, and that is within our terms of reference.

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tied up between the distinction of drugs.

THE PUBLIC: I think she is

THE CHAIRMAN: Would you like to go to the microphone please?

THE PUBLIC: I was going to ask you a few questions from suggestions that have been thrown from the floor, but I am sure there are a lot of people sitting here that have been going under the exact same internal dilemma I have for the past half hour, wanting to say something, wanting to say right now that I think these girls have said a lot of meaningful things, and I haven't been through the experience they have been through in terms of being imprisoned for something which I don't believe is -- merits a prison sentence, and as was pointed out by Dorothy, I believe, prison sentences are going to handle the job, you know. If you were living back in the days of prohibition and were imprisoned for the possession of alcohol, or for trafficking in alcohol, I am quite sure that you would not come out, after whatever the sentence might be, four years, and say, "Now I know because of this sentence, that that was a terribly immoral and humanly wrong thing that I did."

And I agree one hundred percent.

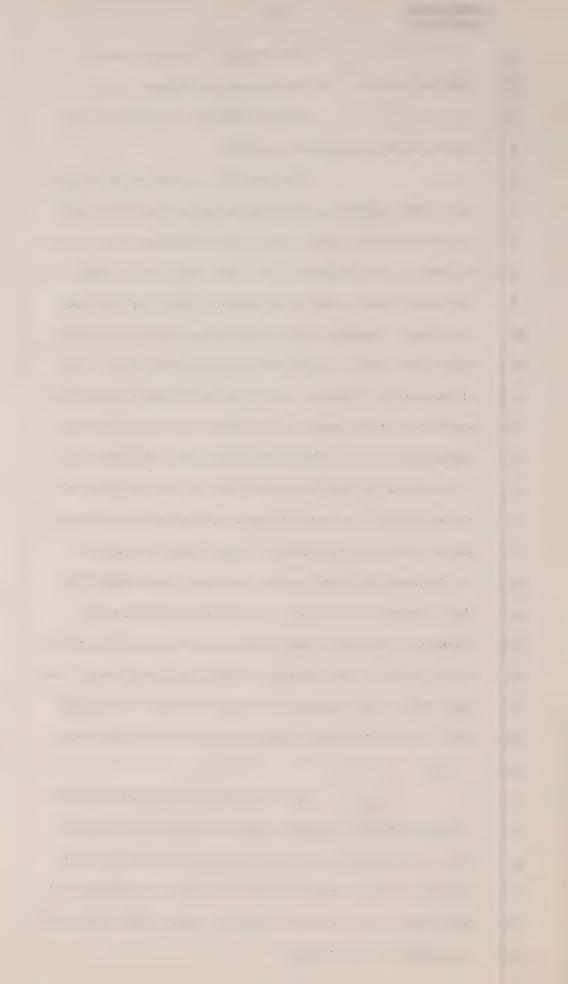
I think anybody -- most people I know in university

are on the streets, or up in any of the literature,

are not going to be convinced by a jail sentence, or

any laws to the contrary against them, that marijuana

is somehow a bad thing.



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But to get -- so I think there are other people here who have things to say. To get to your point I think the distinction between a trafficker as a certain nature, and a distinction between the drugs, whether or not -- well you are not going to talk about a distinction between two different things.

It seems to me that someone who traffics knowledgeably and has full knowledge of what the drug would do to people and so on, in heroin, in speed and so on, will tend to be a different type of person, than the person who traffic knowledgeably in marijuana and hashish remembering all the time that marijuana and hashish is exactly the same thing, derivatives of the cannabis sativa plant, and this I think was pointed out by the girls. And I would just like to point out as a citizen of the community, I think this Commission is a very good thing, and I don't know to what extent people recognize the responsibility that you have to people like these girls, to people like yourself, people like me, but it is a tremendous responsibility and you can either accept it for what it is, or somehow bow under the pressures of the system to keep the old inertia going and, you know, I respect you for doing this job, and I think it is tremendous that these people have taken the time to give us their opinions which seem to me to be valid right down the line.

THE CHAIRMAN: Thank you.

THE PUBLIC: That is all I have

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THE CHAIRMAN: Are there

3 others who would like to speak?

THE PUBLIC: I was scheduled to appear at 4:00. Do you wish me to wait until

I finish this?

THE CHAIRMAN: Excuse me.

THE PUBLIC: Mr. Mahoney.

THE CHAIRMAN: You are Mr.

Michael Mahoney, are you?

THE PUBLIC: That is right.

THE CHAIRMAN: Well, I think

perhaps we are ready to conclude very soon here.

Can you wait?

15 THE PUBLIC: I shall.

THE CHAIRMAN: Thank you very

much.

Dean Campbell?

MR. CAMPBELL: The question I would like to raise is, the attitude you had prior

to the time of your arrest, about the probability

of arrest?

Was this something you lived with a good deal, or did you think the probability

of arrest was pretty low? 25

MISS MacDONALD: We are having

difficulty hearing.

MR. CAMPBELL: It is a question

I have raised with a number of people in your 29

position, and that is just how you felt about the



law prior to you being arrested, in terms of the possibility of your own arrest.

Was it something that was with you most of the time, or that you felt the probability was low enough that you could decide?

DEBBIE: I don't think that --THE CHAIRMAN: I think I can

hear you a lot better if you leave that thing alone.

Can the others hear?

DEBBIE: If I held my hand

still it would be better.

No, I didn't think about the law -- about being arrested, because I didn't think that I was doing anything bad. I think that if I had thought that I was doing something morally wrong then I would have been afraid of the law, because I would have had a guilt complex to contend with at the same time, but I didn't feel that what I was doing was wrong.

I was very familiar with the drug I was dealing with. I didn't think, or have any guilt complex about the passing of this drug on to anyone else, because I knew that they wouldn't come to any harm.

This is my own personal case, because I know I have dealt in that particular drug, hashish, and so I wasn't afraid of the law in that way. I didn't run from it, because I felt that too many people are running now.

They are not sure whether marijuana

should be legalized, or not, and rather than stand
up and say they are not sure, or speak on behalf of,
or against marijuana, they will run from the question.

Now, I didn't want to run; I

didn't feel that what I was doing was wrong; I knew that there was a probability, or a chance that I may go to prison for what I was doing, but I wasn't particularly afraid of that.

If I had been doing something that I felt was morally wrong, something that I couldn't live with myself for doing, then I would have been afraid -- not of the law, but of myself.

I think that is my answer.

MR. CAMPBELL: Do either of

the others have any point?

thing Debbie was thinking. If I got caught doing something morally wrong or something, I know it is a crime you know, I know there is something bad, and I know I have to go to jail for it if they catch me.

But these drugs -- I never thought about going to jail, I didn't think anything bad about it.

DOROTHY: No, I never thought about going to jail. I just never thought about going to jail.

I guess I knew in the back of my mind that there was a probability, or a chance, because I knew it was illegal, but I just never connected it to myself.



THE CHAIRMAN: Any other

questions?

Thank you very much, Miss MacDonald, and ladies.

Thank you for your help.

Mr. Mahoney? Would you like to

sit at the table?

MR. MAHONEY: I think one of the difficulties that you are facing in trying to find the area of usage or trafficking, and the penalties involved, is a very difficult one. I think we have to go back a little bit further and take a look at the society we live in from the point of view of whether the citizens assume a moral and legal responsibility to the laws of that particular community they are living in.

If they decide to break these laws because they don't agree with them as individuals, they may be subject to a penalty.

But if they get to a point whereby conspiracy, or in this case by trafficking and use many other people to break these laws or statutes, they then, I think, are in a very (inaudible) position, and are entitled to a little more severity because it is conceivable a lot of people can be induced to go along with law breaking without realizing the full implication of their actions by others who may have pressured, or may be a more profitable.

This is why I think we should

look at the situation whether it is marijuana, or any other kind of addictive substance as being an expression on the part of either a small or a large minority of the population, who insist upon the right to do what they wish regardless of the statutes.

I think the measure of the greatness (inaudible) of any form of social life has to evolve on the amount of more responsibility the legal responsibility each individual assumes.

There are a lot of people today involved in this question of marijuana and they feel they have the right to break this law to use these particular substances.

I would much rather see these
young people refrain from using these substances, and
petition the government to investigate these substances and determine their potention with a view
to possibly changing the law if these things are
not harmful.

But if they deliberately smash or violate the statute, they are placing themselves in a bad position, and as a result of that we will be placed in the position of trying to review a law without being involved with the potentiality of the substance involved.

I would recommend as a private citizen, that it should be investigated by the government, and one of the things I advocate is an immediate, and all out remearch program on these

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substances, and a follow up on users to determine what their conditions -- physical conditions would be, at various points.

This would have to be

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voluntary of course.

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7 To legalize marijuana 8 such as liquor

is to my mind wishful thinking, 9 as we have a Liquor Control Act, and Tobacco Restraint Act, and nobody obeys either of those. 10

As far as the contention that marijuana, or hash, can lead people into using harder or more potent substances, particularly the opiate family, this I believe is not as relevant as it would appear to be.

There is a lot of talk that marijuana is not controlled by any syndicate, or organized criminal element, although this may be. we do have statistics that seventy, or eighty percent using other substances did use marijuana or hash.

I am not saying this is indicative of the use of these substances, but there is a possibility when people are young and forming a mental or a psychological dependence on an escape mechanism, and when this particular substance is not available the dependence may still be there.

This situation we are facing right now in the State of New York which does threaten this particular province and the country at large, is that usage and trafficking in heroin on the streets

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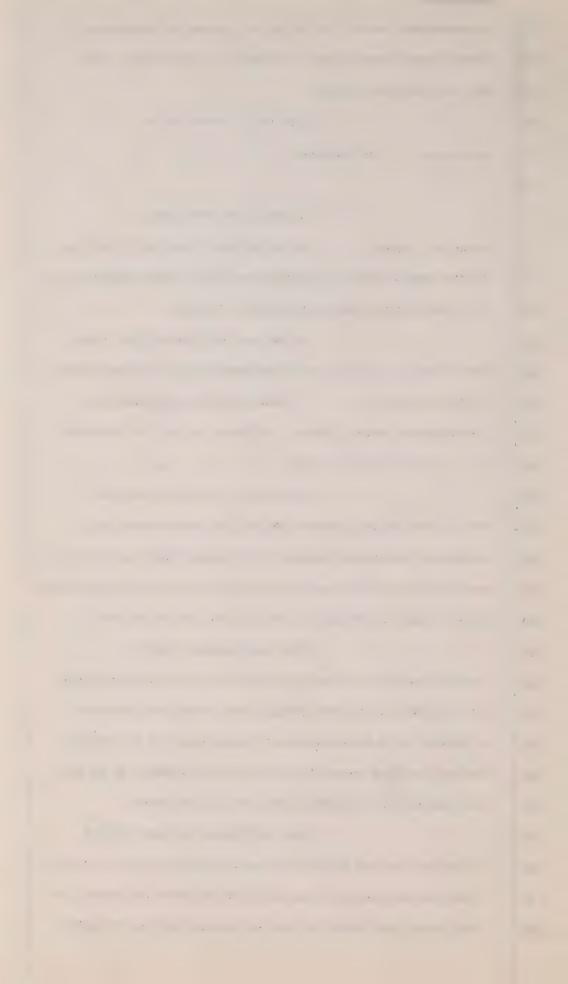
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ation where a person does not like a statute or a law and they will break it, and induce other people to break it, and it is not too far to project that every law that is on the books at the present moment does restrain some of us from doing something we would like to do.

The Minister of Health, Mr.

John Munro, was alleged to have made a statement that

"if a significant minority want marijuana that we would

be an irresponsible government if we did not supply

the need".

Now if this gentleman did make this statement, I take violent exception to it, because if we give the minority what they want, why don't we just remove all restrictions or protective laws, and let each person do as he pleases.

We have a significant minority who occasionally involve themselves in rape, adultery, theft, and various other things. If you want to look at it from this point of view, why not just abolish any of these acts which would prohibit people from following their own faith, or habit patterns.

I have a copy of this submission

I would like to give your Committee asking for you to

prevent the legalization of marijuana, and asking for

amendment towards new legislation covering the sale

of acid and speed, and asking for an educational

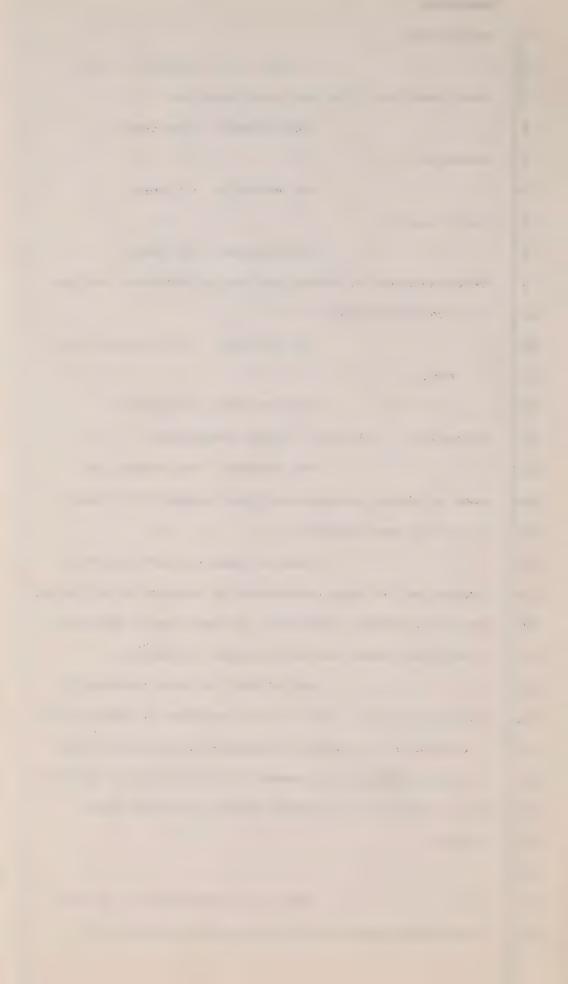
program from the medical profession in the issuance

of the addictive type of tranquilizers and such

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1	substances.
2	I would like to present it to
3	your Committee, for your consideration.
4	THE CHAIRMAN: Are these
5	controls
6	MR. MAHONEY: I'm sorry, I
7	can't hear you.
8	THE CHAIRMAN: On your
9	recommendation of education, do you advocate controls
10	over certain drugs?
11	MR. MAHONEY: In the educational
12	or medical?
13	THE CHAIRMAN: No before
14	education. I thought I heard tranquilizer.
15	MR. MAHONEY: Yes, there are
16	some of these prescription-type tranquilizers which
17	are being used freely.
18	Some of them are unfortunately
19	prescribed in large quantities by doctors for patients,
20	and the patients of course, if they have an emotional
21	condition, abuse the use of these substances.
22	MR. STEIN: In your submission
23	to us, you talk well, "It is proposed to organize the
24	community to combat this menace, to teach the youth
25	that the law must be preserved for the greater good of
26	all. We intend to protect them in spite of them-
27	selves."

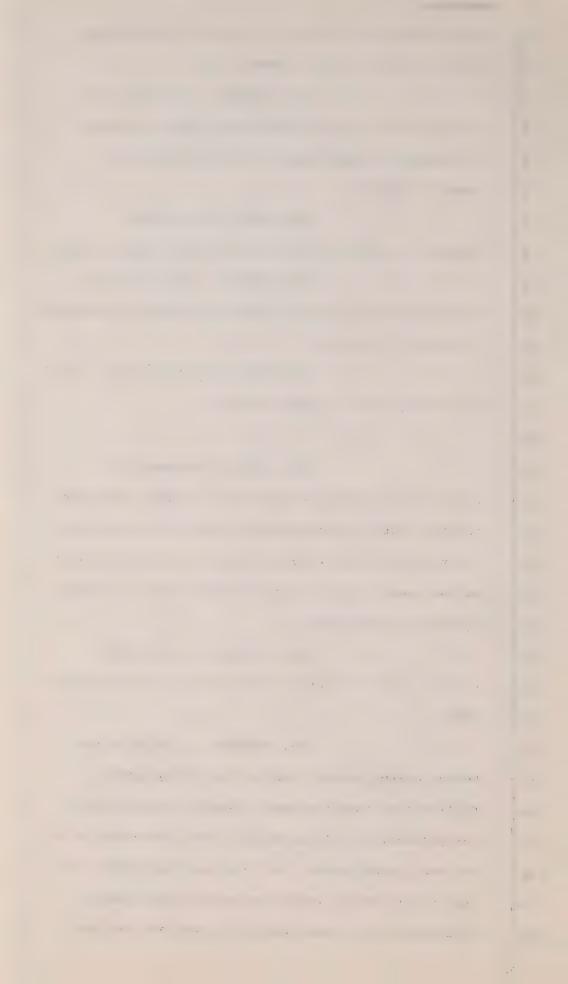
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What I am wondering is, is your particular concern with young people, or are you



1 also objecting to the use of drugs by the persons 2 who are over the age of twenty-one? 3 MR. MAHONEY: I am personally involved with a lot of the youth, but I do object 4 5 to the use of drugs except by prescription for 6 specific purpose. 7 MR. STEIN: You object, I 8 presume you are saying, to the use by other persons? 9 MR. MAHONEY: Yes, I object to it, to use by anybody, other than under prescription 10 for medical purposes. 11 MR. STEIN: The same point; this 12 is the last part of your brief ---13 14 "They must be protected if 15 necessary, or taught against their wishes, that they 16 are the next establishment and they must prepare for 17 the time when they will take over...if they continue 18 at the present rate to opt out there will be nothing 19 for them to take over ... " 20 Have you given any thought 21 to what should be done? What would you like to see it 22 done ? 23 MR. MAHONEY: I think it can 24 be put quite plainly, that if the young people 25 realize that they represent almost fifty percent of 26 the population in this country, they are going to be 27 the next establishment, or the next government, the 28 next civilization, and if we can get some medium 29

of education for these people to realize that they





have to assume the responsibility for preparing themselves for the time when they do take over the society that they are living in the present.

In other words, you cannot do anything constructive by destroying the situation as it exists in our society, or becoming apathetic and refusing to contribute, but in the interim period with the young people, would prepare themselves so that when they do come of age to take over and function, we will be capable of producing a society which will remove and correct all of the errors of the present situation.

MR. STEIN: I am particularly interested in this (inaudible) and if necessary"

When young people have been given information in relation to, for example,

marijuana, which they thought -- I am saying what

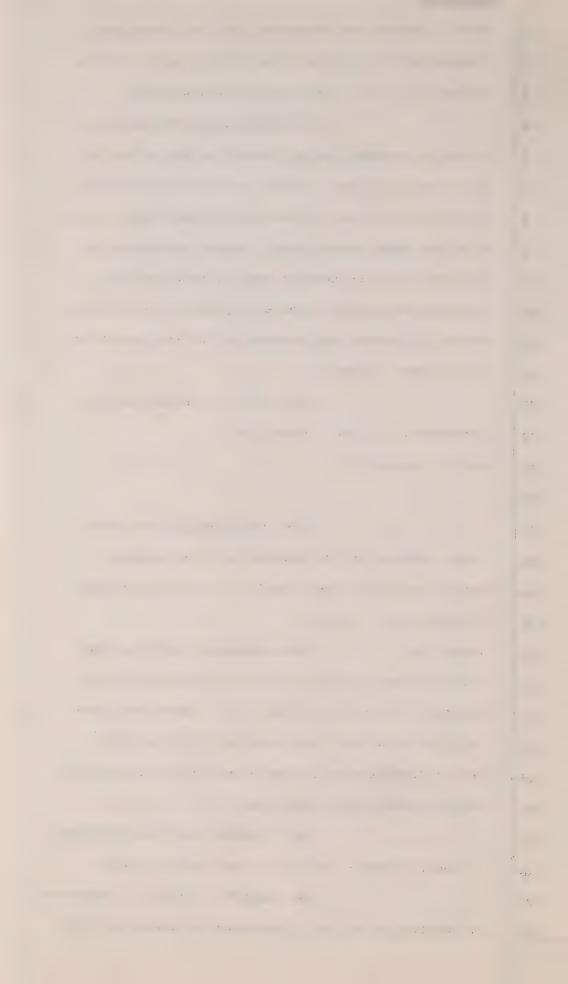
20 has been told to them

regarding the experience that they had with the drug presuming that the information was not of a frightening nature, their experience does not jive with what they have been told, so they end up disbelieving in the integrity of all efforts made to communicate with them.

And I wonder what your reference
to their wishes -- what is it you have in mind?

MR. MAHONEY: Hopefully somewhere

of penetrating to this tremendous intelligence that



they have which at the present moment has been used in some instances in a negative manner. But if these young people could realize and get the concept that because somebody says a certain thing which they can prove wrong that you don't immediately become aggressive against that particular person, or institution.

You say I have maybe the intelligence, or point of view, of looking at it differently, and coming up with a different concept.

If, in the normal course, my own experience is different, then I would have to consider is this based on my own metabolistic difference, my own body chemistry, and consequently I may not fit in with a normal pattern.

have to equate. You can't just say that so and so doesn't know what they are talking about, because as each person is a different individual, and each person may experience a different experience in the use of these substances, but I think the important issue facing our society, is not the difference in the substances and not the difference in should we or not legalize, but how to prevent the society from using it as crutches.

Is it possible that man can exist on his own strength, by using the rational capabilities which are part of his inherent nature, instead of deciding, well, I want to use this so I can experience this impression.

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has increased to the point where you get the municipal government there, or state government, to issue statistics that there are 82,000 heroin users primarily in New York City.

They estimate 100,000 users by this summer, at the rate the trend is going. They have arrested young people nine, ten, twelve, up to sixteen for trafficking in heroin.

The danger here is that the potential for profit in heroin is so fantastic that it encourages people to deal in this particular substance.

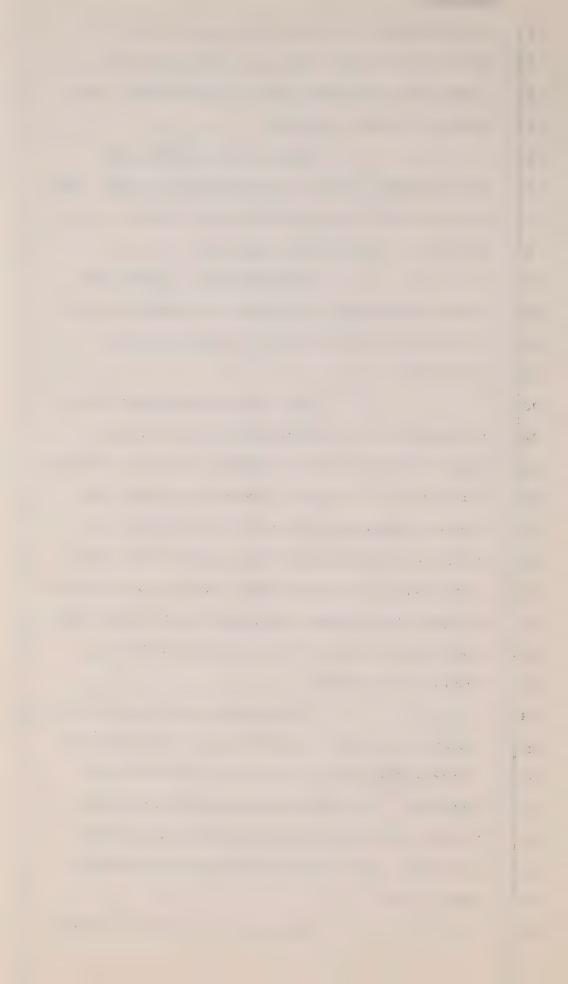
Now a lot of people say that if we legalize marijuana and hash, we will prevent people getting involved in heroin, or other substances. This again is a fallacy, because the records that they are coming out with in the State of New York and principally New York City, indicate that these young people in many instances have been using heroin for two, three or more years, and the fact that they have tried to stop the flow of marijuana has no bearing on the heroin.

Young people say this will put it in a criminal element with heroin. I am personally of the opinion that we should not legalize these substances. The people and government should get together and voluntarily refrain from using these substances, until we can determine their effectiveness, or not.

Otherwise we will be in a situ-

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And as I say, if we can establish an educational program, even if they don't wish to become involved at the outset, they might in time look at it from a different point of view.

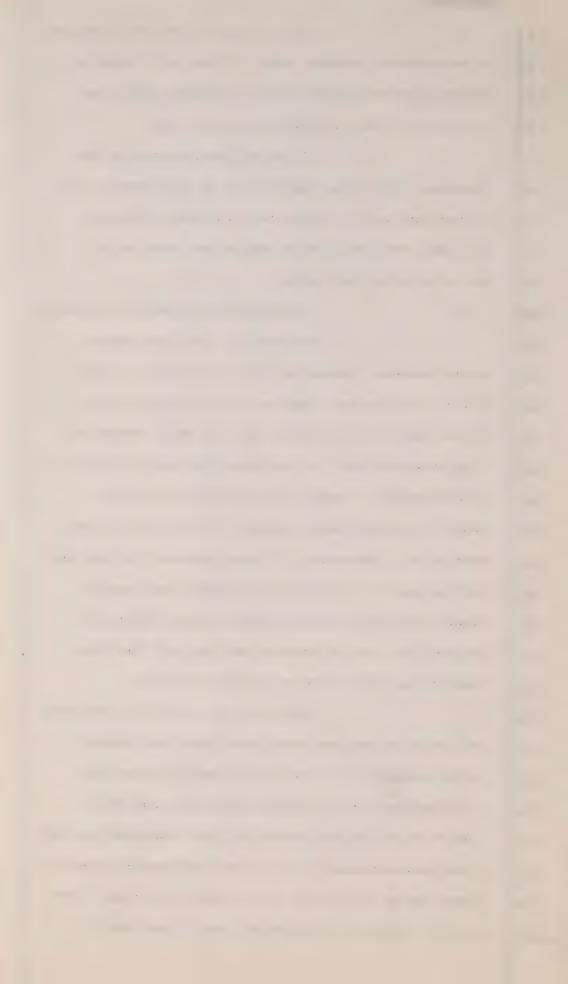
It is not the question of the chemical. It is the question of do they want to try it the hard way, by using what they have inherent in them, instead of using some other force which can alter what they have.

This is my own personal conviction.

Why don't we get rid of them too.

about personal responsibility, and people getting rid of crutches and learning how to develop themselves. But you are saying that the only crutch in this instance here, at any rate, the crutch we are talking about is drugs, and you are not talking about — you are talking about the crutches, if you want to call them that, of young people, You are not talking about the crutches of middle-aged people, other people, you are not talking about money and automobiles, and television sets and all the other kinds of crutches that we are talking about.

And you also say that statistics show that ninetyseven percent of all the heroin users at one time
also used marijuana. Well, statistics also show
that ninety-nine and forty-four one hundredths percent
of all axe murderers at one time used mashed potatoes
therefore we should get rid of mashed potatoes. That
kind of argument is ludicrous, and if you want to



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be taken seriously, then you have to put forward some kind of serious argument, and that kind of thinking is just absolutely ridiculous.

Thank you.

MR. MAHONEY: I might remind the young gentleman he has just fallen into the trap I was just talking about by coming up with a ridiculous rebuttal to my ridiculous proposal.

I will tell you something if I may have the floor for a moment. The fact we are here, primarily here today, to discuss the question of drugs, we would presuppose we are not going to waste our time on tobacco and alcohol. I do grant that our society is living with crutches and materialism and everything, but this, in my opinion, does not give the next generation the right to use this as an excuse for doing something which is a repetitious pattern of what they are claiming in our society.

I would hope that they would come up with something more, in other words, don't repeat the pattern of our middle-aged society, don't become involved with the concept that everything is a status symbol, that money is the God, and booze is the great relaxation, or tobacco, or what have you.

But what I am more inclined to do, is trigger you people to understand that you have in your hands a way of changing society, not just reading the impression of the previous situation.

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1 THE PUBLIC: Are you in favour 2 of lowering the voting age? 3 MR. MAHONEY: I am in favour of 4 lowering the voting age, because I think you should 5 have the right, because here is what happened: 6 Many of the decisions that are made 7 now are going to affect your lives, and you have no 8 say in those laws, and when you take over and undo 9 these laws there is going to be an interim that is 10 going to be disastrous. But the assumption of the legal voting age presupposes a maturity to decide 11 what is better for society, rather than what is 12 better for you, or I, as one individual. 13 This is something you have to, 14 and we all have to consider. Unfortunately our society 15 has a tendency to say, "What I want is the most 16 important thing in the world." 17 And we have got to get away from 18 this. Each person has to function as an independent 19 unit for the benefit of something else. 20 This is what you can do. 21 you won't do it with these substances, any more than 22 we have been able to do it with booze, or tobacco, 23 or other things that we become involved in. 24 THE PUBLIC: That is fine, you 25 know, but the point that was brought home so vividly 26 today by the appearance of three people who are 27 suffering unjustly under the present system, is a point 28 that you just can't escape, you know. 29

Why aren't all alcohol, heavy

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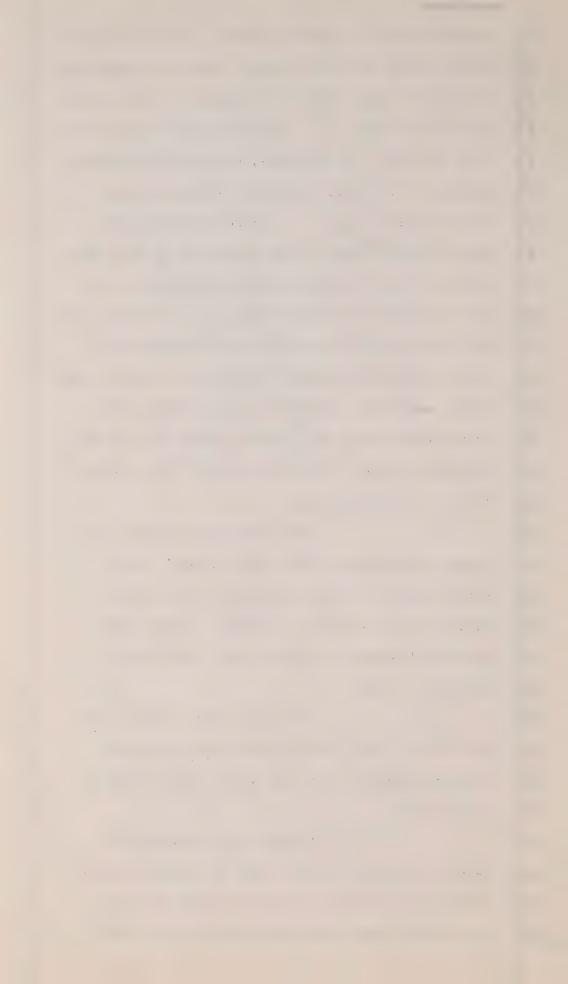
alcohol users, or alcohol pushers, if you will, you know, anybody who sells alcohol, the big corporations, that ruin so many home lives because of alcohol and alcoholism, which is psychologically and emotionally addictive, as marijuana, but also biologically addictive, but by Dr. Laverty's admission eight hundred cases only one hundred twenty-six -were eight hundred/alcohol cases he has had to deal with this year, and so what we are talking about, what this Commission is here to do, is try to remedy some of the existing injustices in our present set-up, and it was fairly apparent to me, and I think to some other people that presently unjustices are being perpetrated within the judicial system that we are operating in; and I would be all for it if you say, "O.K., abolish all drugs.".

And alcohol and nicotine are drugs, and make the whole thing illegal, which means liberate all the people like those three girls that you now have in prison, because they just don't happen to drink alcohol; they smoke marijuana instead.

These are major issues. You can't say, "Fine, you kids have a big potential in your hands, you can make up for errors that we failed on."

A point also raised by Dr.

Laverty, and the girls it seems to me, that people
using -- a distinction you didn't seem to make -that people using drugs today aren't just youth.



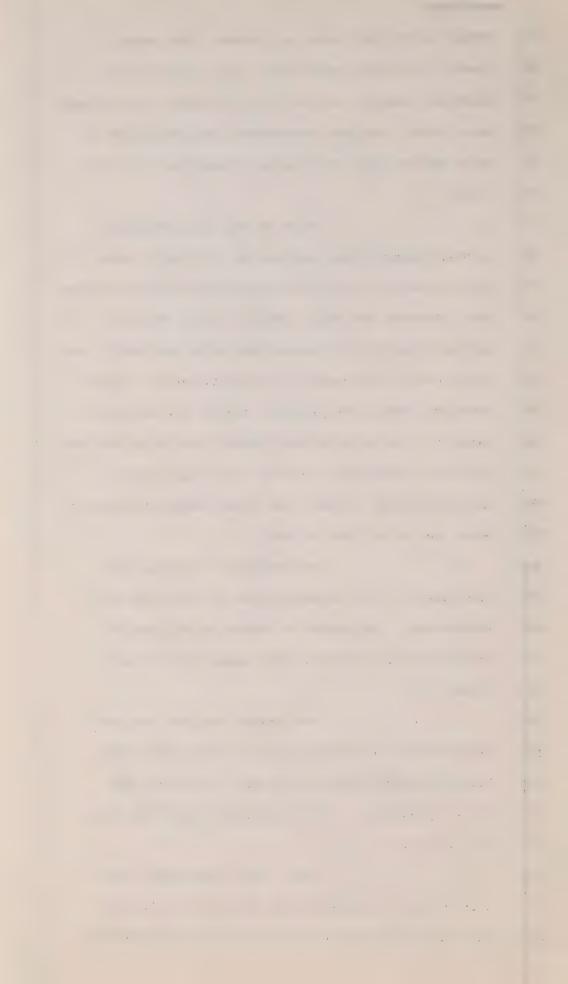
There isn't this great gap between drug users twenty-five years and under, but psychiatrists, doctors, lawyers, and so on of your age, and perhaps even older, are also using them, and the point is what are we going to do about remedying the situation.

That is why the Commission somehow seems to me, was set up. We can't have this injustice being perpetrated where alcohol users and cigarette addicted people, people who are making money off of cigarettes, which obviously, you know, does cause death, or allow it to run around free and make great profits, and so on, whereas in order to stop a third harm coming into being we just, you know, completely lock up any other drugs and everything, anybody who tries touching anything else, any other form of drug.

MR. MAHONEY: I agree with your point. This we would have to take into consideration. The amount of abuse in the people trafficking in alcohol, they usually get a small fine.

Now people who are involved at present in using marijuana or hash, they come before courts, they usually get a fine, or are put on probation. The traffickers with whom they deal with go to jail.

Now I think personally that it is a severe indictment of our society when we put young people like this in your prison which is



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designed for people who are recognized as what they call a "criminal mind" who will never be able to get out of the way of life that is against the law.

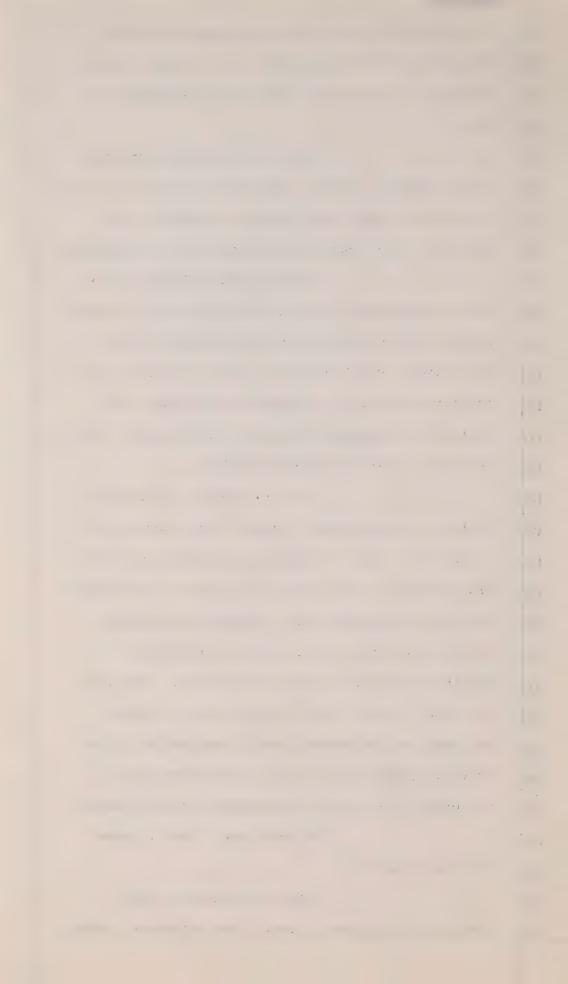
Our government, who represent us as taxpayers, should immediately provide facilities to transfer these young people to complete their sentences in a rehabilitative system, or surrounding.

The government should take a long look at what is going to be done with the next people who are picked up on trafficking in these substances. But it does not alter the point that as long as there is a statute on the books, the citizens are supposed to legally and morally obey that and refrain from being involved.

This is a matter of personal decision that you have to make. But we must, and I agree with you, do something to these kids that are getting the short end of the stick, even though they have broken this law. Because the majority of them, they come out of there as confirmed criminals because of their environment. They feel up tight because they feel this law is stupid. But they are not assuming moral responsibility in refraining from breaking it. And the law says if you break it you pay the punishment, or the penalty. In this case, I don't agree

with the penalty.

I have submitted to this Commission a suggestion that first offenders, users,



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be put on a system of probation, rehabilitation
system of probation without a criminal record, but
until some consideration is given, and some decision
is made by young people, whether they respect the
law or not, it should be an obeyance. There should
not be any convictions, there should not be any
penal sentences involved on this until this Commission
makes its report.

But if the person is trafficking, and trafficking knowingly, there you have a different situation because the trafficker knowingly can turn on underage children with these substances, as it has been done in most communities in this country, and across this continent.

That person knowingly for profit, is exploiting young children who may not be able to formulate a sensible responsibility with the law, but the ones that we have here should be removed from that situation, and there should be special facilities for them.

But then the government should state categorically that as of this date, anyone who knowingly involves themselves in trafficking will receive the sentence, as the law stands.

In other words, declare a moratorium to get this thing out, but make it on the ground the responsibility is then yours; are you going to abide by the law, or are you going to break it?

THE PUBLIC: Mr. Mahoney, I



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would like to remind you, that within our system in North America , and Western Europe, associated with any ideas of criminality there are usually two factors involved; one the person who commits that criminal act, and secondly, the victim to which that act was committed.

The case of marijuana use, there is no victim involved except that person who individually decides to take it in his activity.

So I would ask you how you, or from what pool of truth that you would suddenly decide that you should force against it some person's will as you termed it, that his moral decisions for an action in which there is no victim, but himself; what pool of truth do you draw from to make that decision?

MR. MAHONEY: And there is no action except against himself?

THE PUBLIC: That's right.

MR. MAHONEY: Well, this may sound like a rather far fetched analogy, but there is a law against attempted suicide, and this is an act against yourself, not against society, and it is against society.

Now a person who traffics for sale to a young person, and believe me there are youngsters nine, ten years of age, who are being offered these substances. These youngsters may think it is a gas to try it, it is new, a lot of people are doing it.

I have been suggesting that young person is a victim, because of their age.

THE PUBLIC: Is this a product of the nature of the drug, or is it a quality of the method of distribution of the drug?

MR. MAHONEY: I don't think it is involved with the quality of the drug, or the method of distribution.

THE PUBLIC: It is not the problem of distribution?

MR. MAHONEY: I could be wrong, but I speak for myself, and I think that a person who approaches a younger child who sells any substance, whether it is addictive, or not, is questionable as far as the health, or well being, of that child is concerned. To my mind that person is seducing that child, and the child is not in a situation to make a legal, or moral decision as to the actions.

THE PUBLIC: So whether it be his older brother who is offering him his first cigarette, or first drink ---

MR. MAHONEY: The first thing,

I would suggest they charge that person with

molesting a minor. This may sound far fetched, but

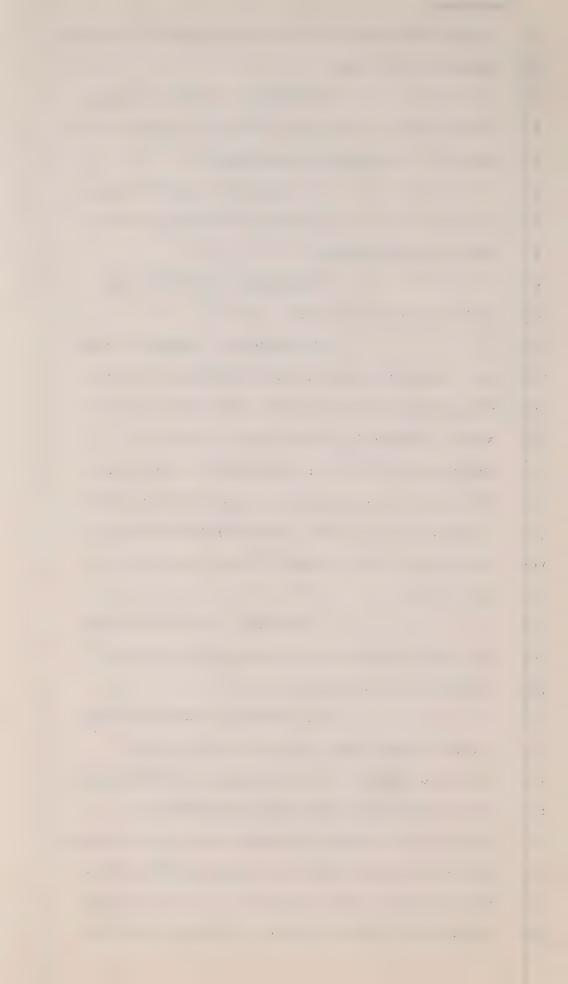
just think of the implication of somebody's

responsibility obtaining someone else on, or exposing

them to something that could establish the pattern

that might be a life time habit, or would initially

teach them a lack of respect for the law, for the





society they are living in.

go; that is, the profit motive.

that.

THE PUBLIC: I wonder if I could remind you of much of the socializing process that gores in the establishment as far as motivations

of drugs, that is, illegally, illicitly, in the underground there is, a good deal of trafficking is clearly profit oriented.

Now, do you see the possibility of maintaining the legal status of the drugs. Given the opinion of the three incarcerated ladies today, that is, they have made a moral decision on the drug, and all of the number of years they spent in a punitive institution aren't going to change their moral decisions.

How can you, for a minute,
maintain that a continual suppression of this drug
can lead to any alleviation of the problem, as you
see it?

MR. MAHONEY: I think you are becoming confused in your motives there, if I may say so.

You are equating the fact they have a sentence to serve because they accordingly themselves made a moral decision, and became involved.

You are saying, "Now how can I equate this with continuing the law"?

THE PUBLIC: No, I am not saying

I am saying, if you want to avoid the traffick-



. .

ing of dangerous drugs to minors, then if you keep the drug traffic underground, illicit, then of course there are a lot of profit oriented people in this world, that if a kid has the dollars he is not going to differentiate between an age basis, he is going to differentiate on the dollar basis.

MR. MAHONEY: Don't you think that is an indictment of the society, young or old?

THE PUBLIC: Not of the

individual, or perhaps this profit orientation. Now a lot of this particular trafficking that is going on, is in the hands of the young people, and these young people have to assume responsibility for their own actions. Otherwise there is no point in trying to continue civilization as we are hoping to do.

You have to, I think, make a conscious decision whether you are going to right the wrongs in society, and make it a society in which the human factor is the most important, and this would eliminate your traffic, and this would, I believe, eliminate these people who argue about it constantly. Or are you going to continue this material self-centered society in which each person can make a decision to knowingly violate the law, and endanger the rest of the population, if you want to be so bad.

It is a moral decision that

has to be made.

THE PUBLIC: Society is a

(inaudible) , it is an entity unto itself.



It is similar to a lot of what I have seen on

American television, that we can tell you that

marijuana is illegal, watch out, you are in danger

if you have one smoke, and that is one argument that

one can use in discussing a problem like this.

MR. MAHONEY: This is the point, you see, the mass media is here to make everybody a consumer.

This has to change, and you are the people who are going to change it.

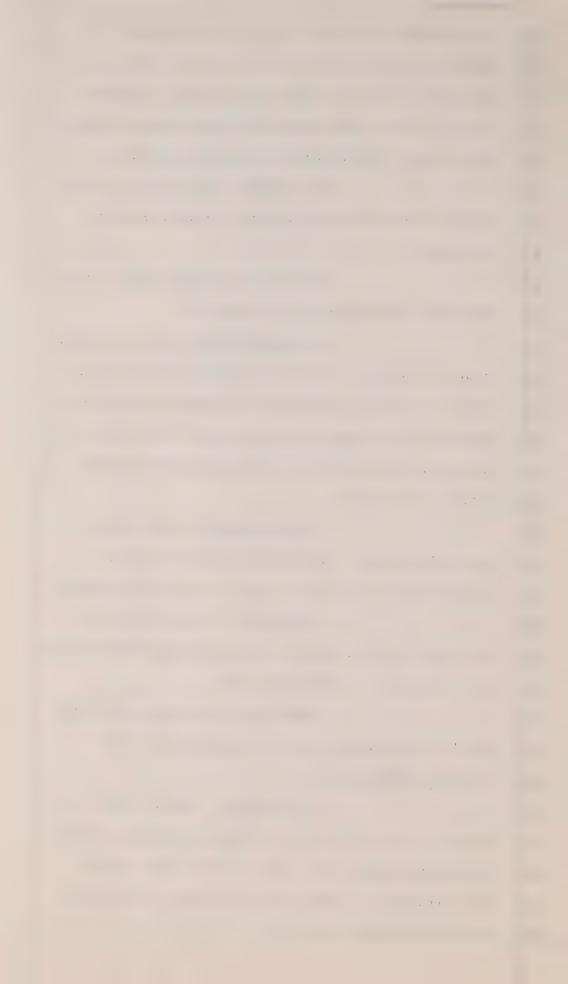
But getting back to the question of legalization, I think that if our government did decide to legalize marijuana and hashish before the whole story is known, we might, five or ten years from now, find ourselves in the same position with alcohol and tobacco.

I say we might. This is my
personal opinion. We don't have statistical or
medical facts that we can lay on the line and examine.

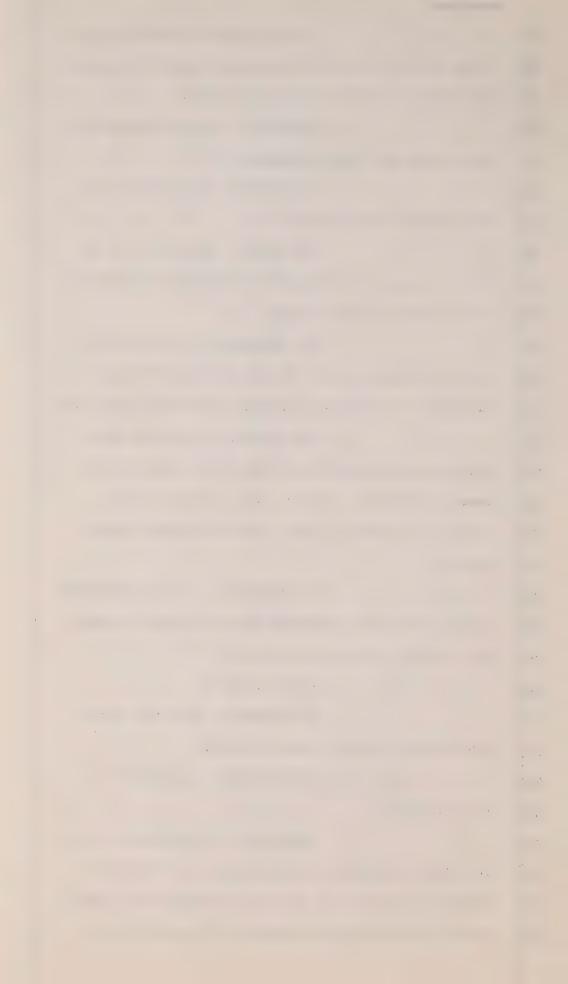
THE PUBLIC: Do you know why
you don't have the facts? The medical profession hasn't
even been able to study marijuana.

Just three months ago, you know, that's a ridiculous level of consciousness that decision makers are at.

MR. MAHONEY: That is right, I an an agree with you; but isn't it/important matter of our society that they will spend so much time on this, when there are so many things that must be explored that would affect mankind.



1 I would like to rather see the 2 money spent on this damn research, spent on research 3 that will -- spent on physical defects. 4 THE PUBLIC: Just transfer the money from the narcotics agents. 5 6 THE PUBLIC: So on this basis 7 you advocate legalization. THE PUBLIC: No, that's not it. 8 You are saying you shouldn't investigate it because 9 it will cost too much money. 10 MR. MAHONEY: But why do you 11 need the bloody stuff? Why do you have to spend 12 millions of dollars on research? Why do we need it? 13 THE PUBLIC: Because we have 14 three people sitting here that it is taking three 15 years or more out of their lives, because we are 16 saying it is morally wrong. That is enough reason 17 for me. 18 MR. MAHONEY: Do you subscribe 19 to the theory that some day you will have to answer 20 for what you did, or did not do? 21 THE PUBLIC: No. 22 MR. MAHONEY: Well then some 23 day you will have to answer for it. 24 THE CHAIRMAN: Gentleman at 25 the microphone. 26 THE PUBLIC: I would just like 27 to make a submission to the Commission, that what 28 is going to happen is if you do legalize marijuana 29 and if the laws aren't changed with regard to the



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state, because right now you have got to face reality; that there are probably millions in North America who smoke marijuana, and who have all decided that it is harmless for them.

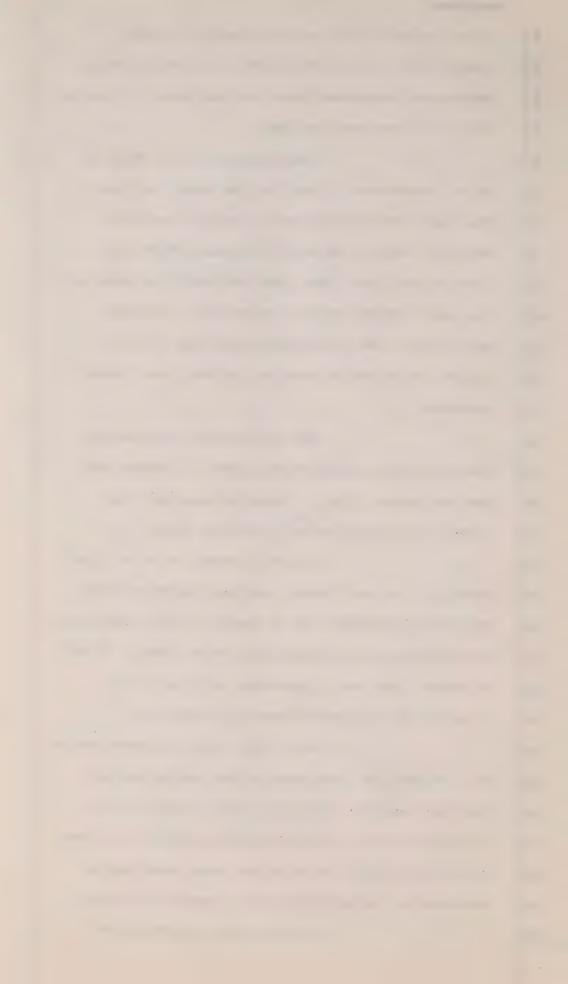
They are going to go ahead and do it, regardless of what the law says. And when they make the decision that is quite a serious decision, because as soon as someone smokes one joint of marijuana then they know that the cops, and the legal system, and the lawyers and the judges want to put them behind bars, and that is really serious to be behind bars and to have your freedom curtailed.

Now for smoking one cigarette, that is really taking quite a step. By doing that you are saying, "O.K., I know the cops and the judges want to put me/jail just for this."

Now there seems to be -- I don't know if it is verifiable, but there seems to be an attitude that people can do something like that thing, that history proves everything, so to speak. It will be proven that what I have done will not, in the long run, be considered harmful to mankind.

And if you try to impress people with things like that, you -- the same as history that will absolve this with Fidel Castro in which he made his move to overthrow Cuba, and his attitude towards authority, which he had been wrestling to begin with, his determination to resist it harder.

Now the other situation, to



continue, you are going to find it harder among the young people for the authorities in Canada particularly towards the members of the police; every kid wants to be a Mountie when they are young; but how many of them want to be Mounties now? Not very many!

Now unless this Commission

can decide that this situation should/remain like

it is, then in a couple of years you will never find

a kid who wants to be a Mountie, because they will

all know that if the Mounties don't want to put

them behind bars they want to put their friends

behind bars, and that's quite more serious if you

see something like those three girls who had taken

marijuana, they are behind bars, and that is just

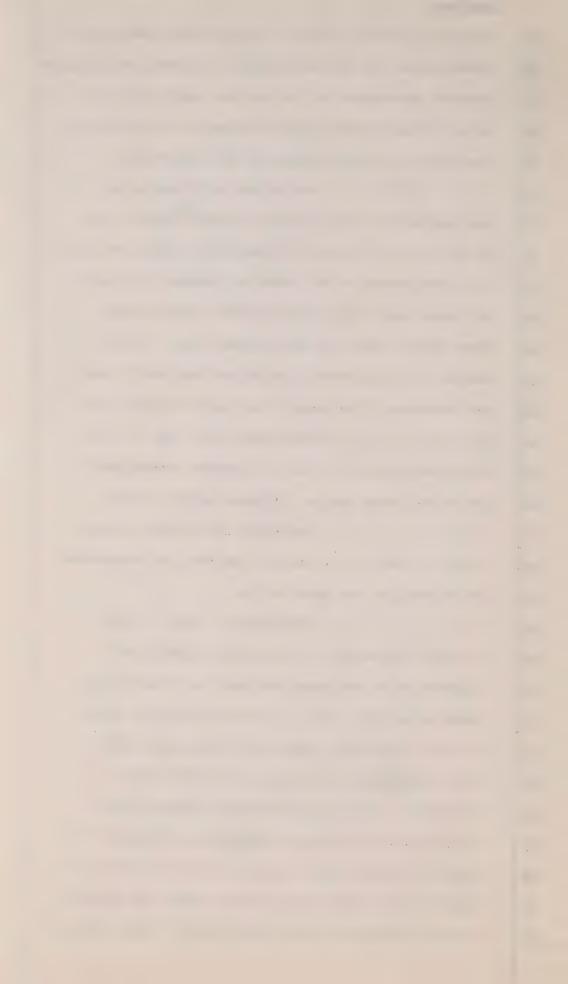
what the law wants to do to whatever percentage it

is of our young people, fifteen, twenty, thirty.

And there is not even enough room for them. So it seems to me sort of ridiculous as to what you are going to do.

that man supposedly is a rational animal, and supposed to be the most rational, so therefore it seems to me that law -- I mentioned earlier this morning that United States laws regarding drugs were compiled on disinformation, rather than information, and I would be most concerned about the sensationalism which impresses, and what Mr.

Mahoney has just said, and said that in a matter of three or four months, this coming summer, the number of heroin addicts in New York City will jump twenty --



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by twenty thousand. And if I am not mistaken, there will be some eighty thousand addicts in New York City.

In 1963 the Federal Narcotics

Bureau of the United States did a study and this

Bureau of the United States did a study, and this
was not even a definitive study at the time, and they
were willing to (inaudible) the organization, and
they were willing to admit there were ten thousand
addicts in New York City and only forty-eight
(portion unintelligible)

into the United States was intercepted, and that using that percentage, which they admittedly did, the ninety percent getting it was more than enough to feed the habits of over a quarter of a million addicts, which on the whole would mean that 1963 New York only had some ninety-thousand heroin addicts, that people in power have been sitting on these figures just waiting for something to come up like this, so they could use their scare tactics. And I think this is the way our laws have been made in this area because it is a rational theory, and I hope that you people are going to do something about it.

I don't think anybody is going to pay attention to your report, the politicians, and that is a very ringingly clear statement.

I don't think the Royal

Commissions before, that have been appointed, I don't know if that is why you have been appointed, you have a lot behind you, and you can influence the whole country if you are going to put yourselves to the task.



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MR. MAHONEY: Those statistics quoted are available from the Department of Health in New York City, and I am sure this Commission could have access to them. They predicted that there would be one death per day in the city of New York 6 and as of the 1st of February they are clocking three overdose deaths among heroin users in the city of New York. These are not my statistics. 8

THE PUBLIC: These statistics are from the 1966 report from the government on narcotics, which differs quite a bit from the non-government.

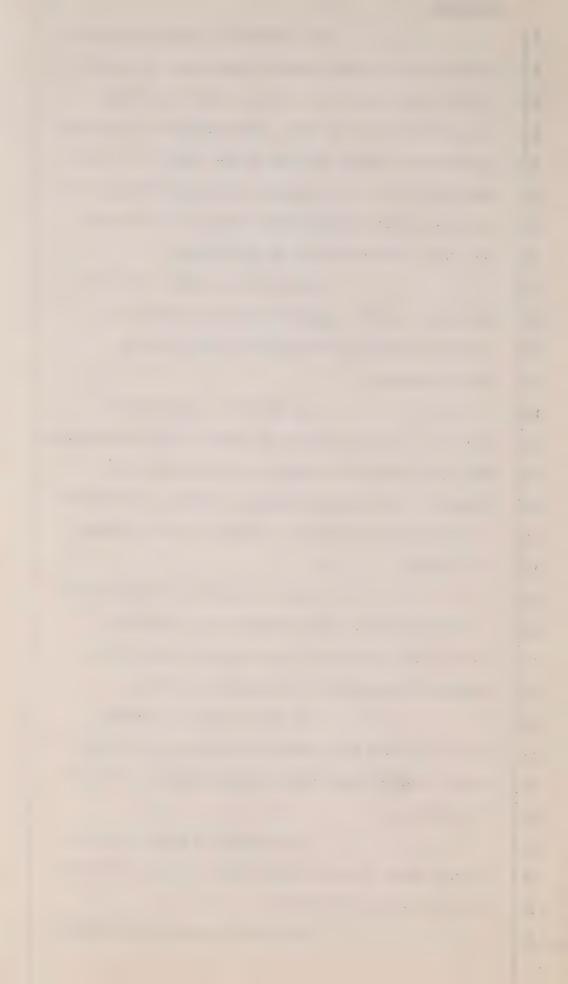
MR. MAHONEY: Let's put it this way. Statistics can be blown up, and manipulated. But the important issue is, why do people need drugs? And this Commission, I think, is empowered to rule on what is best, or better for the society as a whole.

And if a certain minority don't wish to go along with what the rest of society wants, then I must say that minority may have to take the consequences of their own actions.

If the minority of society feel they have the right to use drugs, want to use them, I don't think they should jeopardize the rest of society.

If they make a moral decision to use them, then let them stand by their decision and face the consequences.

But let us protect the younger



1	generation coming up. I know you can get up tight
2	about my feelings, but this is the way I feel, and
3	I can't be any different.
4	I respect you for the way you
5	feel, but I don't agree with you.
6	THE PUBLIC: I will just take a
7	moment, since I was going to make a written submission
8	and I will submit this in written form.
9	THE CHAIRMAN: Well, Mr. Mahoney,
10	I think perhaps we should release you.
11	Thank you very much for your
12	assistance.
13	MR. MAHONEY: No penalty
14	involved?
15	THE CHAIRMAN: Mr. Doraty of
16	the Canadian Rehabilitation Association is the last
17	submission of the day.
18	MR. DORATY: Mr. Chairman, I
19	believe that you have my submission, and I think
20	we have plenty today that goes along with my
21	submission.
22	I think that what we have
23	heard in the opinion of the youth
24	THE CHAIRMAN: Would you please
25	hold the microphone closer, Mr. Doraty?
26	MR. DORATY: I think the
27	opinions of the youth are in the main, those of
28	myself.
29	I have to look on the total
30	society picture, the alcohol, the barbiturates



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REPORTING SERVICES by your own definition of drugs you included these 1 2 in. 3 I think that you, possibly, 4 my generation is not telling them the truth to say "Do as I say, but don't do as I do." 5 6 I used alcohol; I used morphine; I used speed; I used marijuana; and eventually this 7 led to a criminal record. Some of these things 8 were illegal. I misused them. 9 My feelings are today, that had 10 I known, say, back in the '30s what alcohol and what 11 these other drugs would do to me, I might possibly 12 have had a chance to go straight. 13 I think this is what we are 14 facing today, in misuse of all drugs, whether you 15 call them organic, chemical, whatever. 16 Percentages have been quoted; 17 statistics have been quoted. Indications are that 18 research programs should be instituted. I agree with 19 this. 20 But to me it is not primary. We 21 have had research of alcohol for over thirty years, 22 and we have come up with very little answers. I have 23 always claimed that use was not in the power of 24 the person. I have to come out in favour of legality 25 of all drugs. 26 Let's get the problem out in 27 28

the open. Let the government control the manufacture, let the government control the sale, let the government control -- I am talking about the municipal and



provincial levels -- control the educational programs, the quality, the hospitalization, the rehabilitation and recovery programs, and finally let's do some research where people can come out openly and declare themselves.

I think the youth of today are the youth we are worried about today, if you bear me out. People they are concerned about are possibly their own children.

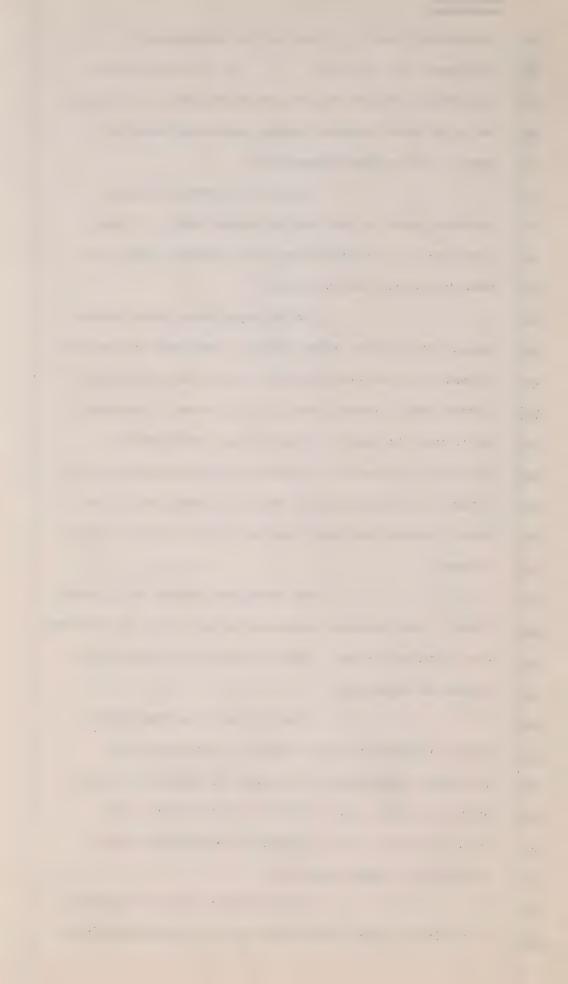
I think when they think deeply about the problem, what kind of a society are we going to make for our own children. This is my concern.

I know that alcohol, what it did to me, I certainly don't want to pass on twenty years from now to children, if we don't institute these programs that I have mentioned, and if we don't legalize all the drugs, heroin included, because users are all social things.

The users are simply in a social field. The criminal situation comes in in the pushing, the organized crime. This is where the legality of misuse of drugs is.

I think that this Commission should recommend to our Federal Government this legality, and in turn it should be passed on to our medical schools, our schools of psychiatry, our nursing schools, all branches of education about alcoholism, about drug use.

I think these professions know very little about people who do know something about



it, either becoming an alcoholic and are they becoming drug users.

Is alcohol a- in many countries they are recovering from alcoholism. In many countries -- we have many countries where they have drug users who will recover. These people can tell you about these products.

I think one of the questions

of the Commission should be what percentage of people

are actually going to misuse these products. Let

us look at the alcoholic. Fifty-nine percent, or

maybe fifty-seven percent of the adult, or drinking

population is using

alcohol today. They could be babes in arms, etc.

That we have five hundred thousand addicts, if you

wish, victims of alcoholism and they in turn affect

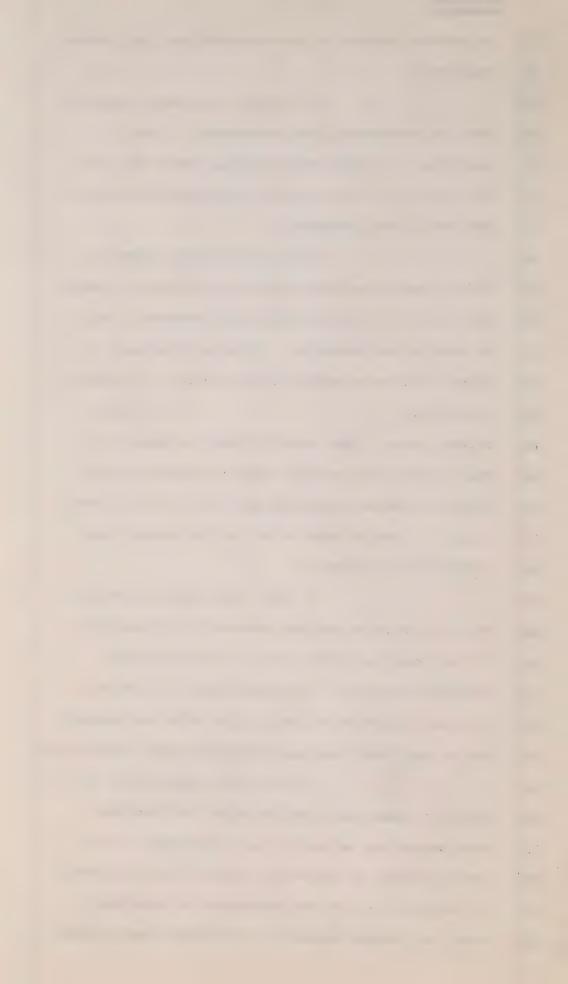
other people betwixt two million people, one
tenth of our population.

Is this the situation that is going to exist in the drug situation? I doubt it!

If you legalize it now, and we institute firm education programs, firm rehabilitation recovery programs, and then follow all this with the research, and at any time I can see no point to make a moratorium.

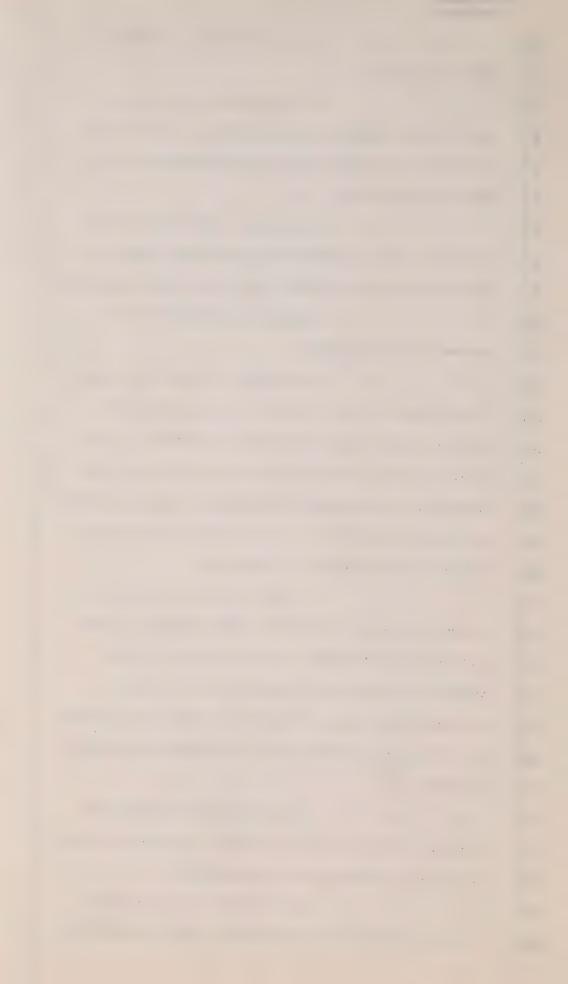
I know that no government is

going to commit political suicide. At least we
have people say we can't go as individuals in our
service clubs, in our social clubs, in our programs
of education to have the government do something
about it, because/misuse or non-medical use of drugs.

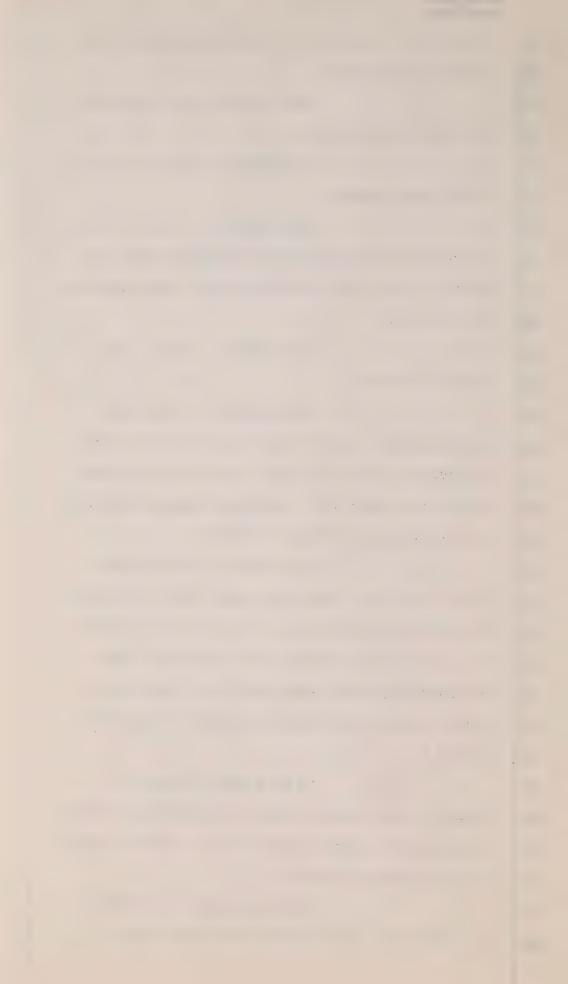


1 That is about all I have to 2 say, Mr. LeDain. 3 THE CHAIRMAN: Mr. Doraty, 4 when you say legalize all the drugs, I just wanted to understand exactly what you contemplate in the 5 way of availability. 6 Do you mean they should be all 7 available through government controlled channels: 8 and introduction of supply; and if so what conditions? 9 What do we visualize as the 10 system of availability? 11 MR. DORATY: The availability, 12 I think, would have to go much along the British 13 lines to begin with in the case of heroin. I can 14 envision purity and potency being controlled, for 15 instance, in the case of marijuana, If the underground 16 can manufacture LSD, I don't see any reason why 17 they can't manufacture it federally. 18 T don't envision L.C.B.O.s. 19 I don't envision the tobacco manufacturers in any 20 way getting its fingers on the marijuana trade. I 21 think this has to be a carefully worked out 22 program. Even though I am a non-professional I have 23 to relate to a professional in co-operation to work 24 this out. 25 I am not presenting any hard 26 and fast situation at this time, I am only proposing 27 that clear thinking has to predominate. 28 THE CHAIRMAN: Do you have 29

any idea of what the conditions of the availability



would be? Would there be any restrictions so far 1 as age is concerned? 2 3 What would be the conditions for getting these drugs? 4 5 MR. DORATY: You are asking me a very hard question. 6 THE CHAIRMAN: 7 I wonder if you could have thought of this since your proposal is 8 very -- I don't want to use the word "sweeping" but 9 it is radical. 10 MR. DORATY: I didn't get 11 your last remark. 12 13 THE CHAIRMAN: I just said your proposal was -- I think one could fairly call 14 it radical, because you say legalize all the drugs, 15 and I just wonder if I could have your position as 16 to how they would be made available. 17 MR. DORATY: I could answer 18 that, which might clear up in part what Mr. Mahoney 19 has said, but I would say a clear-cut answer would 20 be a person who is able to use a drug when they 21 are psychologically, emotionally and financially 22 able to use it, but this is of course the way to 23 handle it. 24 We talk about the age of 25 twenty-one for liquor, which is ridiculous. 26 a young person should be able to use alcohol, poss-27 ibly be brought up with it. 28 There are people in Canada 29 and throughout the world who have very little



1	problems with alcohol. This has been said to me by
2	many members of the Jewish race. You define
3	marijuana I know I began smoking when I was around
4	ten years of age, cigarettes, that is, tobacco. I
5	used marijuana first when I was around sixteen or
6	seventeen. That would be in the mid '30s.
7	To answer clear-cut, I would
8	have to go with sixteen years of age on marijuana.
9	To say that I was going to allow a person to use LSD,
10	and this would have to be a very, very controlled
11	situation, I would say that the present users of
12	the government LSD, could come forward with no punitive measures,
13	I think they would have to establish with the medical
14	profession that they could continue on without this
15	(inaudible) such as the same things as
16	with heroin.
17	Does that answer you in part?
18	THE CHAIRMAN: Yes, thank you.
19	Are there any questions?
20	If not, I would thank Mr. Doraty.
21	Thank you very much.
22	And I would declare this hearing
23	in Kingston terminated.
24	Thank you all for your assistance.
25	
26	Upon adjourning at 5:15 P.M.
27	
28	













